Alberta

Freedom To Create. Spirit To Achieve.

Health and Wellness
Section I

Annual Report
2008–2009

Government of Alberta

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Health and Wellness

Annual Report — Section I
2008 – 2009

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Section II

Section II of this report is published under a separate cover. It provides the financial statements of the former regional health authorities and provincial health boards that were incorporated under Alberta Health Services. To obtain financial statements of the former regional health authorities and provincial health boards, please contact Alberta Health Services directly.

Preface

Public Accounts 2008/2009

The Public Accounts of Alberta are prepared in accordance with the *Financial Administration Act* and the *Government Accountability Act*. The public accounts consist of the annual report of the Government of Alberta and the annual reports of each of the 20 ministries.

The annual report of the Government of Alberta released June 30, 2009 contains Ministers' accountability statements, the consolidated financial statements of the Province and *The Measuring Up* report, which compares actual performance results to desired results set out in the government's business plan.

This annual report of the ministry of Alberta Health and Wellness contains the minister's accountability statement, the audited consolidated financial statements of the ministry and a comparison of actual performance results to desired results set out in the ministry business plan. This ministry annual report also includes:

- **the financial statements of entities making up the ministry including the provincial agencies for which the minister is responsible,**
- **other financial information as required by the *Financial Administration Act* and *Government Accountability Act*, either as separate reports or as a part of the financial statements, to the extent that the ministry has anything to report, and**

Financial information relating to regional health authorities and provincial health boards is also included in this annual report as supplementary information. Section II of this report provides financial statements of the regional health authorities and provincial health boards, which are accountable to the minister of Alberta Health and Wellness.

Minister's Accountability Statement

The ministry's annual report for the year ended March 31, 2009, was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as at September 16, 2009 with material economic or fiscal implications of which I am aware have been considered in the preparation of this report.

[Original signed]

Ron Liepert
Minister of Health and Wellness

Message from the Minister

Through the 2008/2009 fiscal year, Alberta Health and Wellness brought forward a number of new and innovative plans to pave the way for progressive actions to make Alberta's publicly-funded health system more patient-focused, efficient and sustainable.

In his mandate letter, the Premier confirmed our agreement to strengthen governance and ensure the accountability of the health system to Albertans. He also outlined the priorities of this ministry to increase access and improve the effective delivery of health care service throughout the province.

From this commitment to a more effective health care system came the development of the comprehensive document *Vision 2020: The Future of Health Care in Alberta.*

Vision 2020 recognizes the need to take immediate action to address the challenges of building a health system that improves access, is focused on patients, and will meet the needs of Albertans now and in the future.

Vision 2020 established five key strategic goals:

- Providing the right service, in the right place and at the right time.
- Enhancing access to high quality services in rural areas.
- Matching workforce supply to demand for services.
- Improving co-ordination and delivery of care.
- Building a strong foundation for public health.

To accomplish these goals, significant changes were made within the health system. The government could not continue to increase spending each year without improving patient access and optimizing health services for Albertans. Staying patient-focused and sustainable within allotted budgets was also a focus of the ministry's work.

In May 2008, government announced that one provincial governance board would replace Alberta's nine regional health authority boards, the Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission. Effective April 1, 2009, Alberta Health Services assumed responsibility for delivering and streamlining services, while addressing the health needs of Albertans more efficiently and effectively.

In December, the new *Alberta Pharmaceutical Strategy* introduced revised drug coverage models for seniors (these models were amended in April 2009), adjusted premiums for non-group drug benefits, a drug therapy program for individuals with rare diseases, an improved process for drug pricing and purchasing, and the consolidation of government-sponsored drug plans.

In addition, a provincial *Continuing Care Strategy* outlines initiatives to assist persons with disabilities and allow seniors to age in place by offering new ways of delivering services and more choice for Albertans to stay within their communities and in their homes. The strategy also introduces the idea of incentives to renovate long-term care facilities and supportive living spaces to help improve capacity concerns.

The mental well-being of children was another focus for Alberta Health and Wellness over the past fiscal year. The *Children's Mental Health Plan for Alberta* contains 23 actions aimed at improving access to mental health services for infants, children, youth and their families.

The transition of Emergency Medical Services (EMS) to Alberta Health Services affected more than 300 municipalities and involved significant changes in funding and governance. This change dramatically improved the quality of ambulance services ensuring that Albertans requiring an ambulance were not restricted by geographic area. The ministry, Alberta Health Services, EMS partners, stakeholders and experts completed these changes by April 2009.

At the beginning of 2009, health care premiums were eliminated at an estimated annual savings of $1 billion for Albertans.

Added to these major accomplishments, the following initiatives supported the health system changes:

- Legislation was introduced including the *Protection of Children Abusing Drugs Amendment Act* to improve services to children who abuse alcohol or drugs; the *Public Health Amendment Act* to improve public health roles, responsibilities and services; the *Health Information Amendment Act* to safeguard the confidentiality and security of Albertans' health information and the *Drug Program Act* to facilitate a new pharmaceutical strategy.
- In the fall of 2008, the *Pharmacy and Drug Amendment Act* was passed to strengthen pharmacy services. Also passed during the fall session were the following: *Emergency Health Services Act,* which enabled government to introduce a province-wide system of emergency health services as part of the health system; *Health Governance Transition Amendment Act,* which allowed government to establish a single, provincial authority to oversee

the delivery of health services to all Albertans; and *Health Professions Amendment Act*, which will allow health professional colleges to monitor and enforce their members' compliance with professional standards of practice.

- The *Tobacco Reduction Act* banned retail displays and advertising of tobacco products effective July 2008, and the sale of all tobacco products in pharmacies, health-care facilities and public post-secondary institutions was prohibited as of January 2009.
- Access to cancer services in acute and community settings was improved, which included new ways to provide chemotherapy at home.
- Patient safety was improved through the implementation of infection prevention and control standards and compliance monitoring in the public health system.
- A renewed emphasis on active living and healthy eating was made through Healthy U initiatives like Communities Choosewell and the Premier's Award for Healthy Workplaces; and through the Healthy Weights initiatives, including the *Create a Movement* campaign.

This past fiscal year has been about restructuring with a new governance model to better serve the health needs of the province in an equitable way. The move to one health board has been one of the largest mergers in Canadian history. As a team, staff and stakeholders have done tremendous work demonstrating a will to succeed, combined with an inexhaustible energy to accomplish this year's tasks.

With these transitions now behind us, Albertans can look toward improved health care services and our commitment to continue meeting the needs of Albertans.

[Original signed]

Ron Liepert
Minister of Health and Wellness

Management's Responsibility for Reporting

The ministry of Alberta Health and Wellness includes the department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission, regional health authorities, provincial health boards and the Health Quality Council of Alberta.

The executives of the individual entities within the ministry have the primary responsibility and accountability for the respective entities. Collectively, the executives ensure the ministry complies with all relevant legislation, regulations and policies.

Ministry business plans, annual reports, performance results and the supporting management information are integral to the government's fiscal and business plans, annual report, quarterly reports and other financial and performance reporting.

Responsibility for the integrity and objectivity of the consolidated financial statements and performance results for the ministry rests with the minister of Alberta Health and Wellness. Under the direction of the minister, I oversee the preparation of the ministry's annual report, including consolidated financial statements and performance results. The consolidated financial statements and the performance results, of necessity, include amounts that are based on estimates and judgments. The consolidated financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The performance measures are prepared in accordance with the following criteria:

- Reliability — Information agrees with the underlying data and with the sources used to prepare it.
- Understandability and Comparability — Actual results are presented clearly and consistently with the stated methodology and presented on the same basis as targets and prior years' information.
- Completeness — Performance measures and targets match those included in Budget 2008. Actual results are presented for all measures.

As deputy minister, in addition to program responsibilities, I establish and maintain the ministry's financial administration and reporting functions. The ministry maintains systems of financial management and internal control which give consideration to costs, benefits, and risks that are designed to:

- provide reasonable assurance that transactions are properly authorized, executed in accordance with prescribed legislation and regulations, and properly recorded so as to maintain accountability of public money;

- provide information to manage and report on performance;
- safeguard the assets and properties of the Province under ministry administration;
- provide Executive Council, Treasury Board, the minister of Finance and Enterprise and the minister of Alberta Health and Wellness any information needed to fulfill their responsibilities; and
- facilitate preparation of ministry business plans and annual reports required under the *Government Accountability Act*.

In fulfilling my responsibilities for the ministry, I have relied, as necessary, on the executive of the individual entities within the ministry.

[Original signed]

Linda Miller
Deputy Minister
Alberta Health and Wellness
September 16, 2009

Overview

Ministry Role

In Canada the responsibility for health is shared between the federal and provincial levels of government. Provincial governments are responsible for the delivery of medical and hospital services to the majority of Canadians. The federal government is responsible for the delivery of health services to members of the Royal Canadian Mounted Police, the Canadian armed forces, and federal prisoners. The federal government also provides some health services to veterans and persons with status under the *Indian Act*. Both federal and provincial governments share the responsibility for protecting the health of the public.

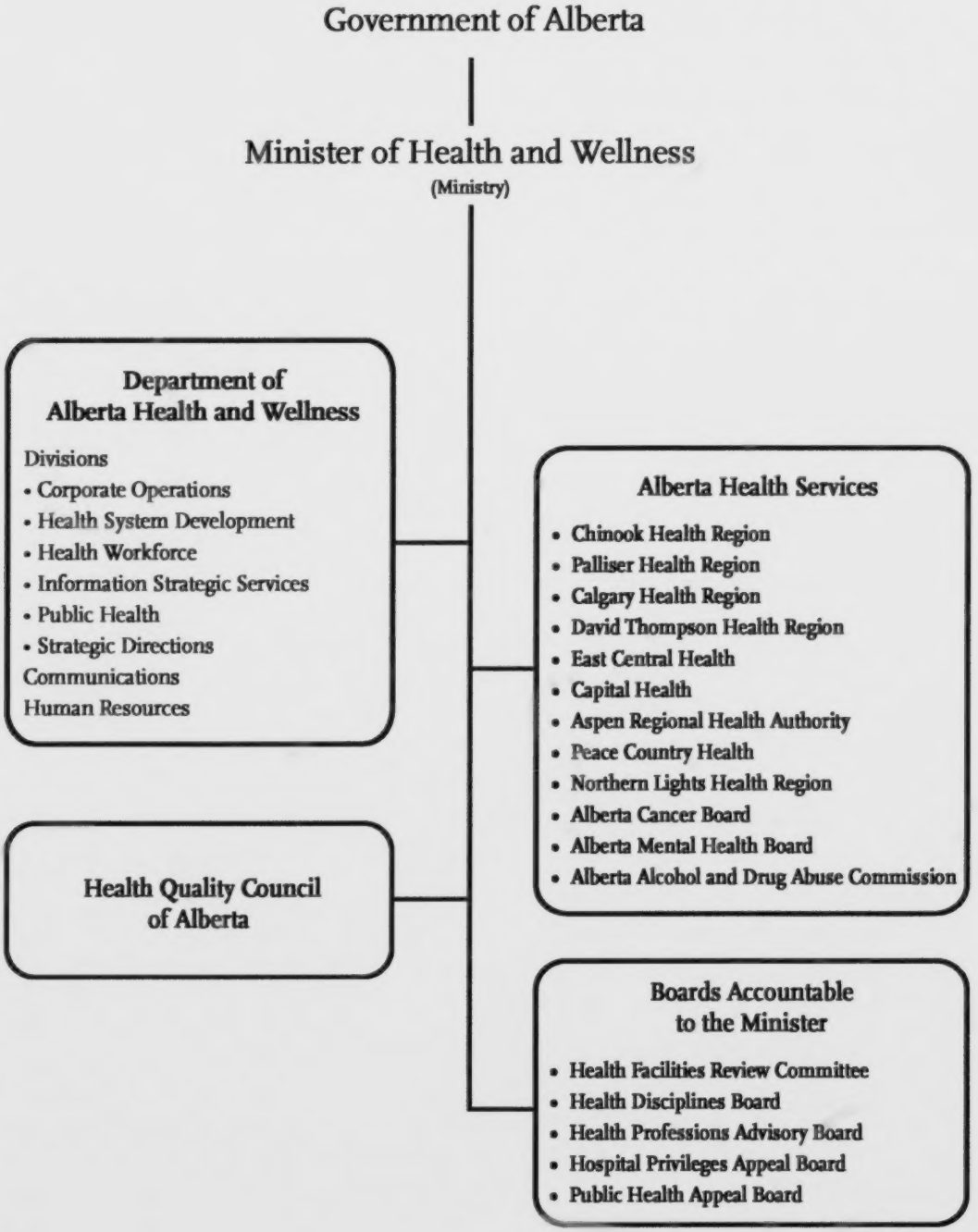
Alberta's health care system is defined in provincial legislation and is governed by the minister of Alberta Health and Wellness. The ministry of Alberta Health and Wellness provides strategic direction and leadership to the provincial health system. This role includes developing the overall vision for the health system, defining provincial goals, objectives, standards and policies, encouraging innovation, setting priorities, and allocating resources. The ministry's role is to assure accountability and balance health service needs with fiscal responsibility.

Alberta Health and Wellness also has a major role in protecting and promoting the health of the public. The ministry provides provincial leadership and strategic direction to support the core pillars of public health including: 1)monitoring the health status of the population, 2) identifying and working toward reducing or eliminating risks posed by communicable diseases and food-borne, drug and environmental hazards, 3) preparing for public health emergencies e.g. pandemics, 4) preventing the onset of disease and injury and 5) working with diverse stakeholders to create environments that support healthy choices.

The ministry administers the Alberta Health Care Insurance Plan. The ministry registers eligible Alberta residents for coverage under the plan and compensates practitioners for the insured services they provide. Alberta Health and Wellness also provides funding to Alberta Health Services, which is responsible to the minister for providing health care services in accordance with their legislated mandate. The role of Alberta Health Services includes assessing needs, setting priorities, allocating resources and monitoring performance for the continuous improvement of health service quality, effectiveness and accessibility.

Ministry of Health and Wellness Organization

(For the year ended March 31, 2009)



Vision, Mission and Core Businesses

Vision: *Healthy Albertans in a Healthy Alberta.*

The achievement of this vision is everybody's responsibility. The ministry of Alberta Health and Wellness plays a leadership role in achieving this vision through our mission, core businesses and goals.

Mission: *Build a high-performing, effective and accountable health system.*

The ministry fulfills this mission through three core businesses, each of which is supported by corresponding business plan goals.

Core Business 1: Lead and direct the health system.

Goal 1 – Effective governance and an accountable health system.
Goal 2 – Health system sustainability.

Core Business 2: Mobilize people and partners to improve wellness.

Goal 3 – Healthy people in healthy communities.
Goal 4 – Reduce harm from alcohol, other drug and gambling problems.

Core Business 3: Monitor and manage health system performance and risks.

Goal 5 – Health service quality and innovation.
Goal 6 – Public confidence.

Highlights for 2008/2009

Core Business 1: Lead and direct the health system.

On May 15, 2008, government announced that one provincial governance board will replace Alberta's nine regional health authority boards, the Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission (AADAC) to ensure the provincial health system is patient-focused and provides equitable access to Albertans. An interim board of seven members was appointed to assist in the transition. The new Alberta Health Services Board will be responsible for health services delivery for the entire province, effective April 1 2009, and will report directly to the minister of Alberta Health and Wellness.

In December 2008, government released *Vision 2020: the Future of Health Care in Alberta*, a report that outlines a number of actions that will build, improve and guide Alberta's health system into the future. There are five main goals in Vision 2020:

- Providing the right service, in the right place, and at the right time;
- Enhancing access to high quality services in rural areas;
- Matching workforce supply to demand for services;
- Improving co-ordination of care and delivery of care; and
- Building a strong foundation for public health.

A new Alberta Pharmaceutical Strategy was released in December 2008 to provide an accessible, sustainable and affordable pharmaceutical system for Alberta. Key components include redesigned drug coverage for seniors, revised premiums for non-group drug benefit programs, consolidation and alignment of government drug programs, a program to provide drug therapy to those with rare diseases, and an improved process for drug pricing and purchasing.

Health care premiums were eliminated as of January 1, 2009. This will equal an estimated savings of almost $1 billion annually for Albertans.

The department worked with Alberta Health Services to transfer the governance and funding of Emergency Medical Services (ambulances) from more than 300 municipalities to Alberta Health Services. Completed on April 1, 2009, this transition lays the foundation for a patient centered high quality service ensuring that Albertans are receiving the right ambulance at the right time and the right place, and not be limited or restricted by geographic boundaries.

Additionally, the government announced approximately $34 million in capital funding for a new cancer radiation therapy centre in Lethbridge. The centre, which is part of the Cancer Radiation Therapy Capacity Corridor, will help improve access to cancer treatment in southern Alberta. A centre in Red Deer is currently in the project planning stage.

Core Business 2: Mobilize people and partners to improve wellness.

The Children's Mental Health Plan for Alberta: Three Year Action Plan was released in August 2008. Government will support the implementation of the 23 actions in the plan, which will improve access to mental health services for infants, children, youth and their families. The plan will also address the needs of children and youth who are at risk for mental health problems.

The *Alberta Nutrition Guidelines for Children and Youth*, specifically designed for caregivers operating childcare facilities, schools and recreation centres, were released in June 2008. The guidelines and supporting portion kit resources are the first of their kind in Canada and have been developed to assist organizations and equip facility operators with the tools needed to provide young people with healthy food choices from the time they enter daycare right through to high school, and whenever they are at recreation centres, special events or in the community.

In June 2008, Alberta Health and Wellness announced a new program that will ensure all girls entering Grade 5 will be eligible to receive a vaccine to help prevent Human Papillomavirus infection, which causes 70 per cent of all cervical cancers.

Influenza vaccine coverage was extended to include healthy children aged two to four years and healthy adults aged 50 to 64 years. Eligible groups were able to receive the influenza vaccine through public health clinics and physician offices free of charge.

As part of Alberta's *Tobacco Reduction Act*, retailers across the province were required to remove all point-of-sale advertising and displays of tobacco products from their shelves and to store tobacco products out of sight. As well, the sale of all tobacco products in pharmacies, stores that contain pharmacies, health-care facilities and public post-secondary institutions was prohibited.

Core Business 3: Monitor and manage health system performance and risks.

A new provincial Continuing Care Strategy was released to improve health and personal care service options for seniors and persons with disabilities. The strategy will enhance supports to help individuals live in the community and provide incentives for renovations to long-term care facilities and new supportive living spaces.

Patient navigators were implemented in several areas of the health system, including cardiac care and breast cancer care. The patient navigator helps to coordinate the patient's services, serves as a liaison with other health care providers, provides referrals, and offers advocacy and ongoing support.

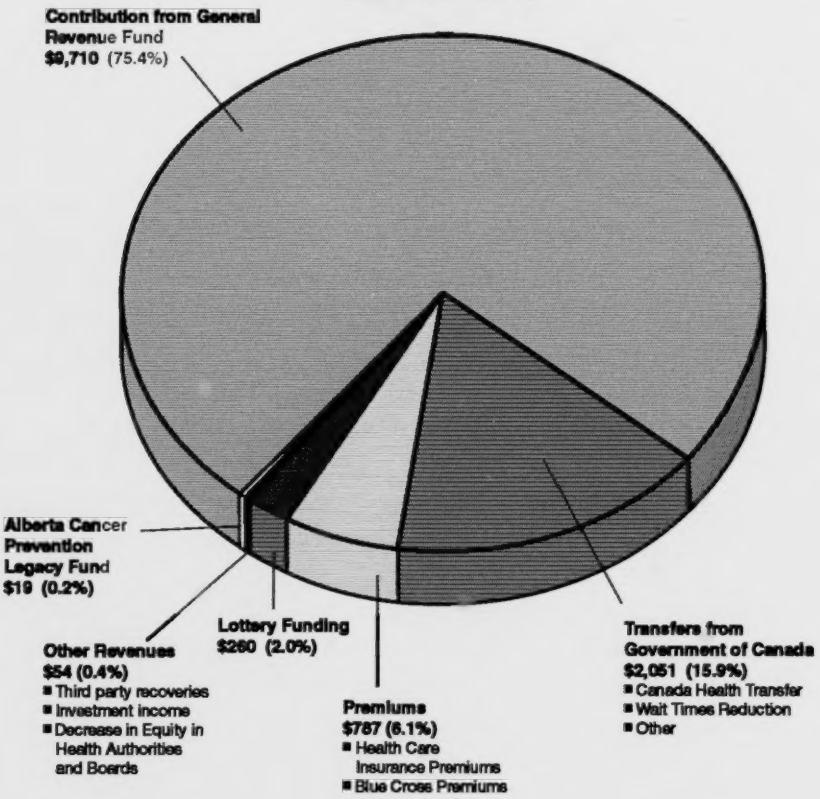
In partnership with Alberta Health Services and the health professional regulatory bodies, Alberta Health and Wellness implemented the new provincial infection prevention and control strategies and standards. Alberta Health Services began monitoring compliance to the standards to help ensure the health and safety of Albertans.

Financial Highlights

Revenues

Revenue received by the ministry increased from fiscal 2007/2008 by $474 million to $3.3 billion. The increase was primarily due to increased Canada Health Transfers from the Government of Canada. Partially offsetting this increase was the reduction in Alberta Health Care Insurance Premium revenue resulting from the elimination of premiums to all Albertans effective January 1, 2009. Premium elimination will reduce future year revenues by approximately $1 billion annually.

Funding Sources
2008/2009
($ in Millions)



Total – $12,881 Million

Expenses

Ministry spending increased by 6.8 per cent from 2007/2008 and includes a significant reduction on spending for capital projects. For the overall health sector in Alberta, cost drivers were estimated to be 1.8 per cent due to population growth, 0.8 per cent due to an aging population, 4.5 per cent due to wage inflation and 1.5 per cent due to non wage inflation. This constitutes a total of 7.1 per cent for non discretionary items such as demographic changes and inflation and 1.5 per cent for discretionary items such as new technologies and service enhancements.

The largest component of ministry funding is provided to Alberta Health Services for operational support. Excluding one-time funding, Alberta Health Services received a $522 million, or an eight per cent, increase in base operational support. If one-time funding is included, it equals an $830 million funding increase, or 12.5 per cent, primarily attributed to population increases and inflation. One-time funding for 2008/2009 includes a $97 million payment to the former Chinook, Calgary and Peace Country health regions for 2007/2008 net accumulated deficit elimination. Another one-time $80 million payment was required to support the transition of provincial health service delivery to a single health authority. Despite the restructuring of the health system, rising service demand continues to place additional pressures on the health care system.

Additional Physician Services spending of $318 million or 14 per cent, in 2008/2009 primarily reflects volume increases over 2007/2008 levels as well as a negotiated five per cent rate increase under the Tri-lateral Master Agreement. Other increases under the Agreement were provided for the continued operation and expansion of Primary Care Networks and Alternate Relationship Plans. The increase to the Clinical Stabilization initiative is due to 2008/2009 representing the first full year of payments. This initiative helps attract and retain physicians in rural and remote areas.

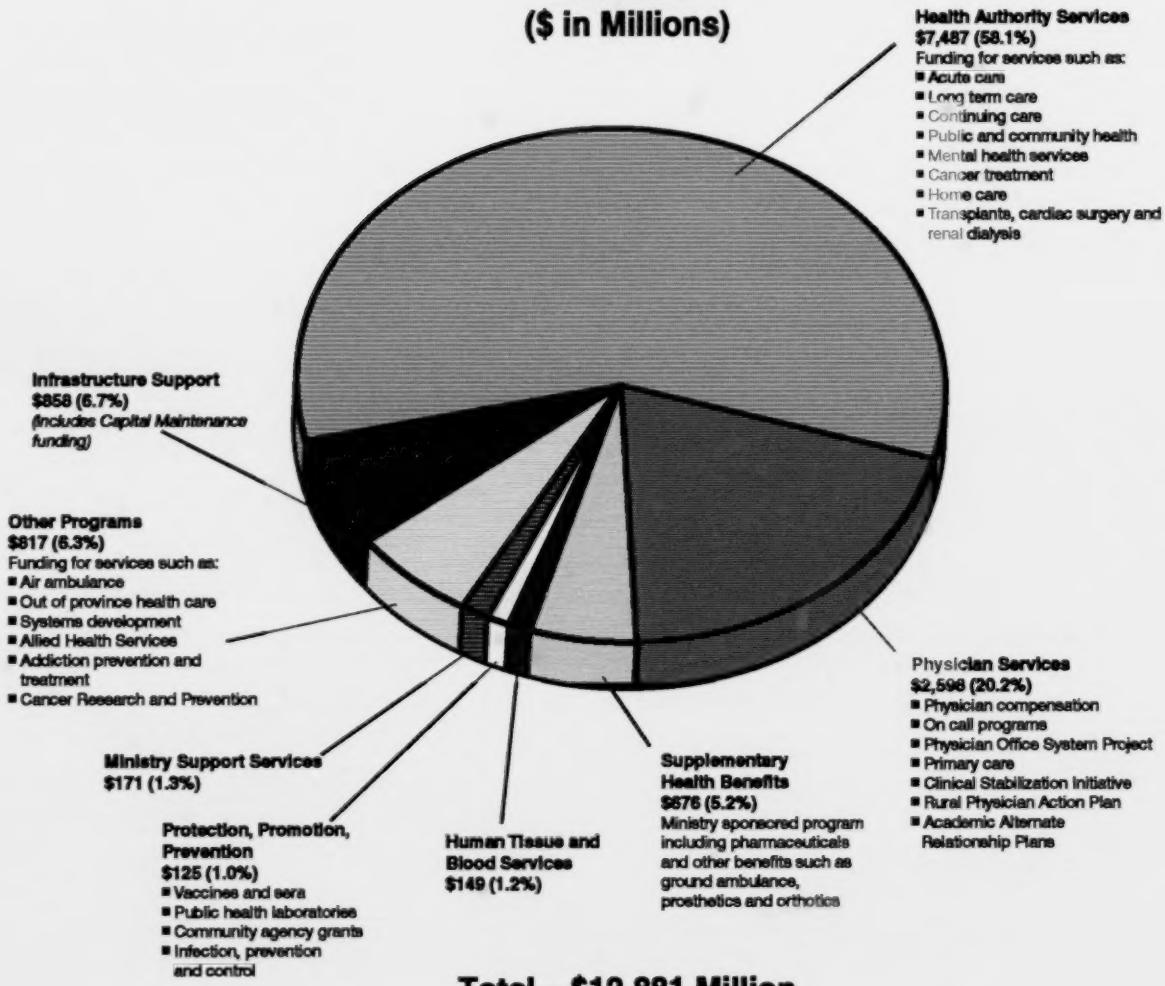
Human Tissue and Blood Services costs increased by $17 million in 2008/2009 due to increased utilization and lower exchange rates.

In addition, the elimination of Alberta Health Care Insurance premiums accelerated the collection process, resulting in earlier identification of uncollectible premiums. This caused an increase in premium write-offs of $25 million compared to 2007/2008.

Despite health system cost pressures and implementation of new initiatives during fiscal 2008/2009, the ministry continued to be fiscally responsible and reported a surplus compared to budget of almost $349 million. This surplus is primarily

attributed to a rescheduling of capital grant funding to future years, lower than anticipated utilization of Supplementary Health Benefits, reduced spending of funds from the Mental Health Innovation Fund, delays in implementation for the Safe Communities funded initiatives, and a lower than anticipated utilization of the provision for health workforce issues.

How Funding was Spent 2008/2009 ($ in Millions)



Total – $12,881 Million

Capital Plan

Several ambulatory care projects were funded during fiscal 2008/2009: renovation of ambulatory care and emergency departments at the Northern Lights Regional Health Centre in Fort McMurray; redevelopment of the emergency department and the endoscopy suite in Grande Prairie's Queen Elizabeth II Hospital; redevelopment of the Viking Health Centre; the development of the new Eastwood Primary Health Care Centre in Edmonton; the new Edmonton Clinic; a new primary care clinic in the Sheldon M. Chumir Health Centre in Calgary, and upgrading of the Richmond Road Diagnostic and Treatment Centre in Calgary.

Funding was continued for the following acute care projects: the expansions of the Foothills Medical Centre, Peter Lougheed Centre and Rockyview General Hospital in Calgary; the new South Calgary Hospital and Health Campus; a new orthopedic surgical facility at the Royal Alexandra Hospital in Edmonton; the Mazankowski Alberta Heart Institute in Edmonton; redevelopment of the Grey Nuns Community Hospital in Edmonton and replacement of the Fort Saskatchewan Health Centre.

New facility construction was funded for radiation therapy and cancer clinics in Lethbridge and Red Deer to support the North-South Radiation Therapy Corridor.

Several continuing care projects were supported by the ministry during fiscal 2008/2009: the new Garrison Green Care Centre in Calgary; the replacement of the Vegreville Care Centre and the Good Samaritan Care Centre in Stony Plain, as well as continuing care facility funding for Extendicare Eaux Claires and Covenant Health Pine View in Edmonton.

Infrastructure enhancements were implemented to improve hand hygiene in health facilities in support of the Provincial Review of Infection Prevention and Control report. Additional maintenance upgrades to fire safety systems, as well as roofing, heating, ventilation and cooling systems in seven health regions were undertaken.

Results Analysis

In prior years, the Office of the Auditor General applied specified procedures to all ministry performance measures included in the annual report. In the current year the Office of the Auditor General conducted a limited assurance engagement (review) of a selection of performance measures that are identified in the annual reports as "Reviewed by Auditor General" The measures were selected for review by ministry management based on the following criteria established by government.

- Enduring measures that best represent the goal and mandated initiatives
- Measures have well established methodology and reporting of data
- Measures have outcomes over which the government has a greater degree of influence
- Each goal has at least one reviewed performance measure.

AUDITOR GENERAL
Alberta

REVIEW ENGAGEMENT REPORT

To the Members of the Legislative Assembly

I have reviewed the performance measures identified as "Reviewed by Auditor General" included in the Ministry of Health and Wellness's *2008 – 09 Annual Report*. These performance measures are prepared based on the following criteria:

- Reliability – Information agrees with the underlying data and with sources used to prepare it.
- Understandability and Comparability – Actual results are presented clearly and consistently with the stated methodology and presented on the same basis as targets and prior years' information.
- Completeness – performance measures and targets match those included in Budget 2008. Actual results are presented for all measures.

My review was made in accordance with Canadian generally accepted standards for review engagements and, accordingly, consisted primarily of enquiry, analytical procedures and discussion related to information supplied to me by the Ministry. My review was not designed to provide assurance on the relevance of these performance measures.

A review does not constitute an audit and, consequently, I do not express an audit opinion on these performance measures.

Based on my review, nothing has come to my attention that causes me to believe that the "Reviewed by Auditor General" performance measures in the Ministry's *2008 – 09 Annual Report* are not, in all material respects, presented in accordance with the criteria of reliability, understandability, comparability, and completeness as described above. However, my review was not designed to provide assurance on the relevance of these performance measures.

[Original signed by Fred J. Dunn]

FCA
Auditor General

Edmonton, Alberta
September 4, 2009

Goal 1

Effective governance and an accountable health system

The public expects high standards of integrity and transparency in corporate governance and business operations, and regular reporting on the achievement of planned goals and targets. Improved performance in the health system depends on sound governance and management, and effective mechanisms for ensuring accountability and stewardship. The ministry sets policy, provides direction to health authorities, funds health authorities and agencies and holds them accountable.

Achievements

Strategy 1.1 **Implement an overarching provincial health and wellness service optimization plan that includes a focus on wellness and a stronger linkage to environmental and community factors that affect health.**

- In December 2008, government released *Vision 2020*, a report that outlines a number of actions that will build, improve and guide Alberta's health system into the future.

Strategy 1.2 **Assess and renew health authority and agency boards and strengthen their governance and leadership.**

- On May 15, 2008, government announced that one provincial governance board will replace Alberta's nine regional health authority boards, the Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission (AADAC) to ensure the provincial health system is patient-focused and provides equitable access to all Albertans. An interim board of seven members was appointed to assist in the transition. Effective April 1 2009, the new Alberta Health Services Board is responsible for health services delivery for the entire province.
- Bill 42, the *Health Governance Transition Amendment Act*, received Royal Assent in December 2008. This act provides for the dissolution of the Alberta Cancer Board and the Alberta Alcohol and Drug Abuse Commission, both of which are established by legislation. The legislation allowed government to complete the transition to Alberta Health Services.

- Bill 46, the *Health Professions Amendment Act*, received Royal Assent in December 2008. This act allows health professional colleges to monitor and enforce their members' compliance with professional standards of practice, which will help improve the quality and safety of Albertans' health care.
- In May 2008, the minister committed to transferring Emergency Medical Services from municipalities to the health system. The department worked with Alberta Health Services to transfer the governance and funding of Emergency Medical Services (ambulances) in more than 300 municipalities to Alberta Health Services. The transition was completed on April 1, 2009, and lays the foundation for a patient centered high quality service ensuring that Albertans are receiving the right ambulance at the right time, at the right place, and are not restricted by geographic boundaries.

Strategy 1.3 **Assess and strengthen the performance, financial management, cost control and reporting structures of health authorities and other accountable organizations.**

- In 2008/2009, the Auditor General of Alberta was appointed auditor for all regional health authorities and provincial boards. This move to one auditing body will ensure a consistent approach to assessing the financial management and cost control of the health authorities.
- The 2008/2009 financial results of the regional health authorities and provincial boards were consolidated into the ministry's financial statements.

Strategy 1.4 **Implement health workforce plans, in collaboration with stakeholders, to address service provider retention, recruitment, education, competency and compensation.**

- The Alberta International Medical Graduate Program assessed more than 240 international medical graduates for medical residency training, and matched a record 59 international medical graduates to residency positions. This program increases the number of people completing medical residency training in Alberta, which ultimately increases the number of physicians practicing in Alberta.

- As part of the Rural Integrated Community Clerkship, 20 medical students spent eight months in 10 of Alberta's rural communities as part of their clinical training in general rural medical practices. This program is one of several initiatives promoting rural and generalist practice to medical students in an effort to address the decreasing proportion of medical students pursuing rural and generalist practices.
- The Aboriginal Health Careers Bursary program provided financial assistance in awards to 51 First Nations and Métis students to encourage them to continue their studies in a health-related field in a degree or diploma program at a university, college or technical institute. The amounts ranged from $2,000 to $11,000 per student.

Strategy 1.5 **Renew the legislative framework of the health system and ensure alignment with provincial policy direction and new service delivery models.**

- Bill 44, the *Pharmacy and Drug Amendment Act*, received Royal Assent in December 2008. This act clarifies and strengths the authority of the Alberta College of Pharmacists to inspect, audit and investigate pharmacies, which will ensure that Albertans receive safe and high quality pharmaceutical services.

Strategy 1.6 **Encourage the development and implementation of regional capital plans and land-use plans that support the integration of future health facilities in community settings in alignment with provincial health and wellness service plans.**

- Draft multi-year capital plans were received from the health regions during the summer of 2008. These plans were reviewed and high priority projects were included in the Treasury Board capital planning process.
- An extensive provincial service optimization review (PSOR) was conducted in 2008 with the results summarized in the final report identifying four broad themes and 14 recommendations to improve access, quality and sustainability of Alberta's health care system. The four main themes include matching intensity of services to patient need, enhancing access to high-quality

services in rural areas, enhancing the capacity and effectiveness of Alberta's workforce and improving the coordination of care.

- Alberta Health Services (AHS) has incorporated recommendations from the PSOR into performance indicators for each of the eight priority key areas in the AHS Strategic Direction 2009 – 2012: Defining our Focus, Measuring our Progress document, which closely aligns with the jointly agreed upon priorities and health system performance measures established by AHW and AHS.

Key Performance Measures and Results

Measure 1.A **Public rating of health system overall**

This measure identifies Albertans' rating of the health care system and the quality of medical services it provides. Several factors may contribute to the public rating of the health system including perceived ease of access to family physicians and medical specialists, wait times for health care services for an individual or family members, the quality of health care services experienced, and the perceived responsiveness of the health system to individual and community needs.

Albertans' overall rating of the health system has been increasing over the past three years, although the target of 70 per cent has not been achieved. Strengthening Alberta's health workforce and health infrastructure along with health system redesign are helping to improve access and the public's experiences with the health system.

Reviewed by Auditor General

Public rating of health system overall

	2005	2006	2007	2008	2009	Target 2008/2009
Public rating of the health care system overall: percentage responding "excellent" or "good"	67	65	55	60	63	70

Source: Health Quality Council of Alberta. Provincial Survey – Satisfaction with Health Care Services (2005, 2006, 2007, 2008, 2009).

Measure 1.B **Health program spending by the ministry of Health and Wellness**

This proportion shows the relative size of the health sector in the provincial budget and reflects the priorities of the provincial government and the government's willingness to accommodate the health care needs of Albertans.

Health expenditures as a proportion of total provincial government expenditures have been increasing slowly but steadily in Alberta and across Canada. A higher percentage of the provincial budget allocated to health programs means less is available for other sectors such as education and environment, a trend that may not be sustainable in the longer term.

Health program spending by the ministry of Health and Wellness

	2006-07	2007-08	2008-09	Target 2008/2009
Health program spending by the ministry of Health and Wellness as a percentage of total provincial government program expenditures	36.5	36.1	35.4	38

Sources: Budget 2009, Fiscal Plan Tables, Historical Fiscal Summary, Alberta Finance; Consolidated Financial Statements of the Government of Alberta, Annual Report, 2008 – 2009, Alberta Finance; Historical Spending Summary, Alberta Health and Wellness

Measure 1.C Average of all health authorities' annual operating surplus (deficit)

This measure shows the effectiveness of health authorities in managing their operating budgets.

Based on the 2008/2009 year-end audited financial statements, the health authorities reported a combined total operating deficit of $160.7 million and total revenues of $9,644.1 million.

Average of all health authorities' annual operating surplus (deficit)

	2006-07	2007-08	2008-09	Target 2008/2009
Average of all health authorities' annual operating surplus (deficit) as a per cent of total health authorities' revenue	0.7	(0.6)	(1.7)	**0.0**

Source: Health authorities' audited financial statements compiled by Alberta Health and Wellness (results for 2006/07, 2007/08 and 2008/09).

Goal 2

Health system sustainability

Improving the efficiency of health system services and operations contributes to long-term sustainability. The ministry's role is to challenge the old way of doing things and adopt new strategies to improve health system productivity and achieve greater value for money.

Achievements

Strategy 2.1 **Further develop primary health care models to increase the utilization of the full range of health care providers and improve care through better monitoring of patient and practice trends.**

- During 2008/2009, an additional four Primary Care Networks (PCNs) were launched, bringing the total number to 30. These four networks are: Wolf Creek and Big Country in the David Thompson Health Region, and Mosaic and Bow Valley in the Calgary Health Region. The 30 networks involve approximately 1,750 family physicians providing care to more than 1.9 million Albertans. Family physicians working in these networks partner with health regions and use a team approach to improve access and provide coordinated and comprehensive primary health care services to Albertans.

- Different innovative measures and approaches continue to be employed by PCNs:

  - Screening programs (e.g., blood pressure) are instrumental in the early detection and prevention of diseases before a more expensive treatment becomes necessary.
  - Patient education, either in groups or one-on-one, was intensified improving patients' self-care techniques and responsibility for their own health.
  - After hours initiatives (e.g., extending clinic hours during weeknights, opening week-end clinics, offering walk-in and urgent care clinics) contributed significantly to the reduction in the use of more expensive options, such as the emergency department.

  - Various outreach programs were implemented for the benefit of hard-to-reach populations who are constrained by geographic location, income level, transportation, and language and/or cultural barriers.
  - PCNs provided primary care beyond physician offices and into local communities. A PCN midwife traveled to nearby reserves to provide prenatal care to Aboriginal women. A PCN Nurse Practitioner worked in downtown to provide care to the homeless as well as those with addiction and other health issues. A team of providers in another PCN traveled to local senior housing facilities and provided on-site care.
- Continued on-going improvements in overall access, efficiency, and clinical care remained a key priority in all networks in 2008/2009. Through Alberta Access Improvement Measure (AIM), more and more clinics were able to match supply with demand to improve access and efficiency, optimize the use of operational and clinical care teams, and plan the comprehensive care of each patient to improve clinical outcomes.

Strategy 2.2 **Increase the ministry's capacity to measure, monitor and report costs through the Value for Money Strategy.**

- The Value for Money Strategy focused on enhancement of data and development of measures related to ambulatory care, management information system (MIS) and costing. These enhancements and measures will increase the health system's ability to demonstrate value for money.
- In collaboration with Alberta Health Services, the department developed a province-wide purchasing and supply management strategy for health care services, supplies and equipment. Improved procurement and supply management will contribute to health system goals for access, quality, and sustainability by getting the right product to the right person at the right time more efficiently and cost-effectively.

Strategy 2.3 **Improve the efficiency and effectiveness of the Alberta Health Care Insurance Plan in serving the needs of Albertans.**

- Health care premiums were eliminated as of January 1, 2009. This change will provide an estimated savings of almost $1 billion annually for Albertans.

Strategy 2.4 **Implement a new pharmaceutical strategy to improve the management and access to sustainable drug coverage and protection from catastrophic drug costs.**

- In December 2008, government released the new Alberta Pharmaceutical Strategy to provide an accessible, sustainable and affordable pharmaceutical system for Alberta. Among the key components are redesigned drug coverage for seniors, revised premiums for non-group drug benefit programs, consolidation and alignment of government drug programs, a program to provide drug therapy to those with rare diseases, and an improved process for drug pricing and purchasing.
- In March 2009, the Alberta Pharmacy Practice Models Initiative (PPMI) rolled out to over 10 per cent of Alberta community-based pharmacies with 185 participating pharmacists. The PPMI project, funded by Alberta Health and Wellness and administered by the Alberta Pharmacists' Association, was launched to test and evaluate new practice and reimbursement models for pharmacies and pharmacists. Through the initiative, the Alberta Pharmacists' Association is evaluating ways to improve patient care, appropriate drug therapy and health outcomes.

Strategy 2.5 **Implement strategies that respond to short and long-term pressures from rapid and sustained oil sands development.**

- In June 2008 a total of $86.4 million in funding was confirmed for health infrastructure in Fort McMurray. This will include two new community health centres, expansion of the Northern Lights Regional Health Centre's ambulatory care and emergency departments as well as other basic facility upgrades, and subsidized housing for health care staff.

Strategy 2.6 **Create a consistent, co-operative and beneficial labour relations environment for health care workers in Alberta.**

- A new financial agreement was reached for physician services under the Tri-Lateral Master Agreement in 2008/2009. Beyond establishing fee increases for physicians, the financial agreement also provides funding for important programs designed to improve health care services, such as the:
  - Primary Care Initiative which funds the development of Primary Care Networks in Alberta that promote coordinated patient care among family doctors, specialists and other health care providers.
  - Physician On-Call program which ensures that physician care is available around the clock for Albertans.
  - Clinical Stabilization Initiative which provides incentives for physicians to provide services in rural, remote and northern locations as well as provides additional support for rising business costs.
  - Physician Office System Program which provides support for physicians to ensure they have compatible technology as Alberta continues to develop a province-wide Electronic Health Record system.
- Alternate Relationship Plans (ARPs) are an important part of the Master Agreement. Their purpose is to promote innovation in clinical service delivery, with the intention of enhancing five dimensions namely, recruitment and retention of physicians, team-based approach to service delivery, access to health services for Albertans, patient satisfaction, and value for money.
- The Clinical Stabilization Initiative (CSI) is also a part of the Amending Agreement to the Tri-Lateral Master Agreement for physicians. This program consists of the business cost program which addresses the rising cost of medical practices in Alberta, the rural remote northern program and communities in crisis program to address the challenges of recruiting physicians to live and practice in rural, northern areas of the province as well as in communities in crisis.

- The Alberta Association of Optometrists and Alberta Health and Wellness ratified a three year agreement intended to improve access to optometry services for Albertans. The agreement included annual benefit increases of five per cent in each of the first two years and 4.5 per cent in the final year as well as a market modifier in year one. It also brought the rate for a complete oculo-visual assessment for seniors up to $70. These benefit increases, and the provision for additional optometric services for children and seniors with certain medical conditions, are helping to ensure reasonable access to optometry services for children and seniors.

Strategy 2.7 **Support a wider distribution and uptake of health information systems, technologies and business applications.**

- The introduction of new technologies was strengthened by the refinement of the Alberta Health Technologies Decision Process and Health Technology Assessment program. Reviews were completed for six innovative health technologies: assisted reproductive technologies, islet cell transplants, double balloon endoscopy/ enteroscopy, photoselective vaporization of the prostate, enzyme immunoassay, and a newborn hearing screening update.
- As part of increasing Albertans' awareness of recommended healthy living practices, knowledge of the health system, personal health history and ability to access health services, an on-line personal health portal strategy was completed. In Phase 1 (Spring 2010) of the development of this secure portal, Albertans will be able to access trusted health information, including health provider-approved information related to health conditions and healthy living. In Phase 2 (Fall 2011), access to the health system will be enhanced, including access to parts of the personal electronic health record and self assessment tools. In Phase 3 (Fall 2013), Albertans will be empowered to contribute more directly to their care such as the ability to message health providers and access on-line interactive care plans.
- The Newborn Metabolic Screening (NMS) Computer Application was updated to support and help facilitate

the implementation of Alberta's NMS program. The NMS program helps to identify and treat infants born with metabolic diseases that can lead to severe physical disabilities, developmental delay, other health problems or even death.

Key Performance Measures and Results

Measure 2.A Public expenditures per capita on prescribed drugs

The appropriate use of prescription drugs plays an important role in effectively managing chronic conditions. The Alberta government is implementing a new pharmaceutical strategy to improve the management and access to sustainable drug coverage and protection from high drug costs.

Public expenditure per person provides a current measure of the public contribution for each Albertan. The current increases in public expenditures per capita are lower than expected. Many interrelated factors influence drug expenditures. The population in Alberta increased at annual rates of 1.42 per cent, 2.05 per cent, 3.32 per cent and 2.64 per cent from fiscal year 2003/2004 to 2007/2008. On the other hand, drug utilization and costs increased in the past five fiscal years. These increases were offset by the increased use of multi-source drugs.

Public expenditures per capita on prescribed drugs

	2005	2006	2007	2008	Target 2008/2009
Public expenditures per capita on prescribed drugs (dollars)	241	251	273	286	332

Source: Canadian Institute for Health Information (2009). Drug Expenditure in Canada, 1985 to 2008. Table B, Alberta, Expenditure on Drugs per Capita by Type, by Source of Finance and Public, Private and Total Health Expenditures, Alberta, 1985 to 2008 (p. 100). These results replace all the results previously published by the Canadian Institute for Health Information (CIHI).

Measure 2.B Number of health workforce practitioners per 100,000 population

Family physicians, specialist physicians and regulated nurses are included in this measure. Increasing the ratio of physicians and nurses per 100,000 population helps to reduce wait times and improve access to services. Alberta Health and Wellness is focusing on establishing multidisciplinary teams and optimizing health care provider roles in Alberta to help match health workforce supply to demand for services.

Although Alberta's supply of physicians increased by 284 family physicians, and 303 specialist physicians from 2006/2007 to 2008/2009, an eight per cent increase in the total number of physicians, the 2008/09 target was not met due to an increase in Alberta's population.

The number of nurses in Alberta has increased by 4,181 from 2006 to 2008. This is a 10 per cent increase from 2006/2007 to 2008/2009, but less than the target of 1,169 nurses per 100,000 population.

Number of health workforce practitioners per 100,000 population

	2006	2007	2008	Target 2008/2009
Family Physicians	94.9	97.6	97.5	99
Specialist Physicians	96.9	99.4	99.9	101
Nurses	1069.5	1123.9	1125.8	1,169

Sources: Registration numbers are annual publications from the respective professional colleges: College and Association of Registered Nurses of Alberta (CARNA); College of Licensed Practical Nurses of Alberta (CLPNA); College of Registered Psychiatric Nurses of Alberta (CRPNA); College of Physicians and Surgeons of Alberta (CPSA) statistics published on the CPSA's website; Alberta Finance's Alberta Population Report.

Note: There was an error in calculating the 2006/07 baseline data for the ratio of nurses per 100,000 population. The 2006/07 result published in the 2008-11 ministry Business Plan indicated that there were 1,121 nurses per 100,000 population. The actual number in 2006/07 was 1069.5 nurses per 100,000 population. The erroneous 2006/07 baseline was used to set targets in the 2008-11 ministry Business Plan. This error was discovered in 2009 when preparing results for the 2008/09 Annual Report. As the 2008/09 target published in the 2008-11 ministry Business Plan was based on the erroneous baseline, the 2008/09 target is not comparable to the 2008/09 result.

Measure 2.C Number of care providers accessing Alberta Netcare (EHR)

Alberta Netcare (Alberta's electronic health record – EHR) is a clinical information network that links community physicians, pharmacists, hospitals, and other authorized health care professionals across the province. Alberta Netcare lets health care practitioners view health information such as patient allergies, prescriptions and lab tests electronically. As more health providers access the system, more consistent care and improved treatment decisions will result.

The growth in Alberta Netcare user census for the fiscal year of 2008/2009 is consistent with the historical trend over last 3 years for user expansion. More health system providers are qualifying for user enrollment and access to Alberta Netcare information based on their professional role within the Alberta health system. Access to new classes of clinical information on Albertans including Picture and Archiving Communications Systems (PACS) images, transcription reports and discharge reports has also helped accelerate health provider adoption.

Reviewed by Auditor General

Number of care providers accessing Alberta Netcare (EHR)

	2004-05	2005-06	2006-07	2007-08	2008-09	Target 2008/2009
Number of care providers accessing Alberta Netcare (EHR)	14,632	18,675	22,918	29,110	34,200	**24,000**

Source: Alberta Health and Wellness, Information Management Branch. Electronic Health Record (EHR) applications: Pharmaceutical Information Network (PIN), Lab Test Results History (LTRH), Person's Directory (PD), and Alberta Netcare Portal 2004.

Measure 2.D Percentage of Albertans who are aware of Health Link Alberta

Health Link Alberta is a 24-hour-a-day, 7day-a-week nurse telephone advice and health information services that is available to Albertans anywhere in the province by dialing: Calgary 403-943-5465; Edmonton 780-408-5465; or toll-free (1-866-408-5465). Highly trained registered nurses provide advice and information about health symptoms or concerns that an individual person or a family member may be experiencing. Health Link also assists Albertans to locate appropriate services and health information. View online health information at HEALTHLinkAlberta.ca.

In 2009, 71 per cent of Albertans surveyed by the Health Quality Council of Alberta reported that they were aware of Health Link Alberta, a finding that exceeds the target of 70 per cent for 2008/2009.

Among those who were aware of Health Link Alberta, 37 per cent had called Health Link within the past year, up from 33 per cent in 2008, but below the target of 40 per cent for the 2008/2009 fiscal year.

Percentage of Albertans who are aware of Health Link Alberta

	2006	2007	2008	2009	Target 2008/2009
Percentage of Albertans who are aware of Health Link Alberta	66	67	71	71	70
Percentage of Albertans who have used Health Link Alberta within the past year	39	37	33	37	40

Source: Health Quality Council of Alberta. Provincial Survey-Satisfaction with Health Care Services (2006, 2007, 2008, 2009).

Goal 3

Healthy people in healthy communities

The health of Albertans is affected by lifestyle behaviours, employment status, education, environment, early childhood development and genetic factors. The actions and choices that people make in their daily lives and the decisions made by business leaders, industries and communities play a large role in creating a healthy society. The ministry will form broad-based alliances and partnerships with community agencies, industry, other ministries and health service providers to build healthy communities and to support healthy choices.

Achievements

Strategy 3.1 **Provide Albertans with current health information, and pursue the creation of tax incentives for investing in their own health and making healthy lifestyle choices.**

- Alberta and participating partners of the Western and Northern Canadian Collaborative for Healthy Living, which includes British Columbia, Manitoba, Saskatchewan, Yukon, Northwest Territories and Nunavut, collaborated to develop the *Eat Smart Meet Smart* resources. The resources are a guide to assist workplaces in planning and hosting healthier meetings, events and conferences by providing healthy snacks and meals and encouraging physical activity among meeting participants.

Strategy 3.2 **Work with regional health authorities to ensure they have the public health capacity to address the root causes of ill health and undertake a dialogue with Albertans on creating healthy communities.**

- As a part of the Healthy Weights Initiative, Alberta Health and Wellness funded regional health promotion co-ordinators in each health region to facilitate healthy eating and active living in school communities. By creating and supporting partnerships between school staff and the community, the regional health promotion co-ordinators have assisted in creating positive and supportive environments where healthy living choices are made easier for children and youth.

Strategy 3.3 **Address the needs of Alberta's children and youth and vulnerable persons with chronic disease, physical disabilities and mental health concerns in collaboration with other ministries.**

- The Children's Mental Health Plan for Alberta: Three Year Action Plan was released in August 2008. Government will support the implementation of the 23 actions in the plan which will improve access to mental health services for infants, children, youth and their families. The plan will also address the needs of children and youth who are at risk for mental health problems.
- Government issued a Safe Communities grant that will provide funding over three years (2008/2009 to 2010/2011) to help build community capacity for mental health promotion and early intervention strategies to assist immigrant and refugee youth in settlement and integration. The program will help reduce youth involvement in gangs and contribute to safer communities.
- As part of the Safe Communities Initiative, diversion services for clients with mental illness who commit low risk minor offences in Calgary, Lethbridge and St. Paul were expanded in addition to initiating new post-charge diversion services in Edmonton, Grande Prairie, Red Deer, Medicine Hat and Ft. McMurray. The Provincial Family Violence Treatment Program, which provides treatment to mandated offenders was also expanded.

Strategy 3.4 **Promote wellness and childhood resiliency and align with multi-sectoral initiatives that help Albertans and their communities to be healthy.**

- The *Alberta Nutrition Guidelines for Children and Youth*, specifically designed for caregivers operating childcare facilities, schools and recreation centres, were released in June 2008. The guidelines and supporting portion kit resources are the first of their kind in Canada and have been developed to assist organizations and equip facility operators with the tools needed to provide young people with healthy food choices from the time they enter daycare right through to high school, and whenever they are at recreation centres, special events or in the community.

- Eight Alberta employers were recognized in 2008 for their commitment to improving the health of their employees as the recipients of the third annual Premier's Award for Healthy Workplaces. Awards of distinction were presented to Metromedia Marketing Ltd, Alberta Blue Cross and Canadian Pacific.
- Ten awards celebrating people and programs addressing healthy eating, physical activity and mental well-being in school communities were presented to individuals and organizations from across the province as part of the Healthy School Communities Awards.
- Through the Communities ChooseWell initiative, 162 communities encouraged their residents to increase their levels of physical activity and eat healthier. Twenty-six Alberta communities are being honored in 2008/2009 as high achievers for going the extra mile to promote healthy living to their residents.
- The Preschool Developmental Screening and Follow up Services Initiative implemented five innovative demonstration projects. These projects resulted in an increased number of sites and types of providers to make screening more available to parents, reduced waiting times for assessments and interventions, customized services for new immigrants and refugees, use of regional case coordination and information sharing, and more educational opportunities for parents to learn about child development.
- Thirty-eight new projects were funded by the Alberta Healthy School Community Wellness Fund to develop and implement innovative initiatives that support active living, healthy eating and positive social environments in school communities.
- As part of the Safe Communities Initiative, diversion services in Calgary, Lethbridge and St. Paul were expanded. Diversion services redirect individuals with mental illness who have committed low-risk, minor offences from the criminal justice system to appropriate community-based mental health, social and support services. New post-charge diversion services are in the planning stages for Edmonton, Grande Prairie, Red Deer, Medicine Hat and Fort McMurray.

- The Provincial Family Violence Treatment Program was expanded through an additional 5.5 family violence counselor positions in Airdrie, Fort McMurray and Grande Prairie. The program provides treatment to offenders who have received a court order for treatment of substance abuse and mental health issues.

Strategy 3.5 **Work with other government departments and agencies on strategies and policies for enhancing human health and safety and for reducing the risk of disease and injury.**

- In January 2008, the Government of Alberta released the Fetal Alcohol Spectrum Disorder 10-Year Strategic Plan. The plan sets out a broad framework for the coordination, planning and delivery of awareness, prevention, assessment and diagnosis, research and support service across Alberta.
- The Blood Borne Pathogens and Sexually Transmitted Infections Action Plan was released in June 2008, in response to the rising rates of blood borne pathogens and sexually transmitted infections. The Action Plan is provincial in scope and is made up of several components to prevent, manage and reduce sexually transmitted infections and blood borne pathogens rates in the province.
- The department increased funding by $500,000 to the Alberta Community HIV Fund, a joint funding model between Alberta Health and Wellness and the Public Health Agency of Canada. The funds will be used to support HIV related prevention, care and support services at 13 community based HIV organizations throughout the province.
- The report "*Biomonitoring of Priority Chemicals in Blood of Pregnant Women in Alberta, 2005*" was released by the department in December 2008, and can be found at www.health.alberta.ca. The results provide essential information to public health decision makers about the levels of chemicals found in individuals, and will help to identify population groups with higher levels of exposure, assess the effectiveness of public health interventions to reduce exposure to certain chemicals (such as smoking), and to monitor trends over time.

- The Alberta Real Time Syndromic Surveillance Net (ARTSSN) project was successfully completed and implemented in the Capital Health region. The active surveillance tool provides real time collection, analysis, interpretation of data and reporting of the information to decision makers so they can rapidly track, respond and manage health issues. The project is being implemented across the province to provide province-wide surveillance and the capacity to detect and track communicable disease outbreaks, syndromes related to environmental exposures to harmful chemicals and injuries.

Strategy 3.6 **Put Alberta at the forefront of cancer prevention, screening and research through the use of funding from the Alberta Cancer Prevention Legacy Fund.**

- Government announced almost $34 million in capital funding for a new cancer radiation therapy centre in Lethbridge. The centre, which is part of the Cancer Radiation Therapy Capacity Corridor, will help improve access to cancer treatment in southern Alberta. A centre in Red Deer is currently in the project planning stage.

Key Performance Measures and Results

Measure 3.A **Percentage of Albertans reporting they are in "excellent", "very good" or "good" health**

Self-reported health status refers to the perception of a person of his or her health status or condition compared to other persons in his or her age group (Statistics Canada, 2009). It is accepted across Canada as an indicator of population health.

In 2009, 89 per cent of Albertans age 18 to 64 years reported that their health was "excellent", "very good" or "good", slightly under the target of 90 per cent. The percentage of Albertans in this age group who report their health as excellent, very good or good has not significantly changed over the past five years.

Among Albertans age 65 years and over, 84 per cent reported that their health was "excellent", "very good" or "good", exceeding the target of 80 per cent. Alberta has numerous health prevention programs to help keep those 65 years and older healthy. These

programs include influenza immunizations, and improved access to disease screening for breast and prostate cancer, diabetes and cardiovascular disease. A new provincial Continuing Care Strategy was released in December 2008, and is aimed to improve health and personal care service options for seniors and persons with disabilities by enhancing supports to help them live within the community.

Percentage of Albertans reporting they are in "excellent", "very good" or "good" health

	2005	2006	2007	2008	2009	Target 2008/2009
(1) 18 to 64 years	89	88	87	88	89	90
(2) 65 years and older	78	86	78	84	84	80

Source: Health Quality Council of Alberta. Provincial Survey – Satisfaction with Health Care Services (2005, 2006, 2007, 2008, 2009).

Reference: Statistics Canada. (2009). Health status, self-assessed, Retrieved from http://www.statcan.gc.ca/concepts/definitions/health-sante-eng.htm on June 23, 2009.

Measure 3.B Percentage of Albertans age 18 and over with an "acceptable" body mass index

Chronic diseases such as cardiovascular diseases, cancer and diabetes are the leading causes of morbidity and mortality in Alberta. Many chronic diseases are associated with overweight and obesity. For example, persons who are overweight or obese are at increased risk for high blood pressure, Type 2 diabetes, coronary artery disease, stroke, respiratory problems and some cancers. Having a Body Mass Index (BMI) that falls into a normal range is associated with the least amount of health risk.

Percentage of Albertans age 18 and over with an "acceptable" body mass index

	2000-01	2003	2005	2007	2008	Target 2008/2009
Percentage of Albertans age 18 and over with an "acceptable" body mass index (BMIs 18.5 to 24.9)	48	47	46	45	45	49

Source: Statistics Canada CANSIM Table 105-4009; Statistics Canada Share File.

Note: To be consistent with new Statistics Canada methodology, results have been modified to exclude non-responses.

Measure 3.C Number of new diabetes cases per 1,000 population

Diabetes is a serious, and growing public health problem in the general population in Canada, and especially in aboriginal populations. This chronic health condition is a major cause of and contributor to disease and death among Albertans. People with diabetes are 2.5 times more likely to have heart disease, 11 times more likely to have kidney failure, 17 times more likely to have an amputation, and eight times more likely to undergo bypass surgery. Approximately 90 to 95 per cent of all diabetes cases are classified as type 2. A number of risk factors for type 2 diabetes are known and are modifiable, making type 2 diabetes largely preventable.

The Alberta Diabetes Strategy (2003-2013) aims to prevent and reduce diabetes incidence rates over 10 years, and help people with diabetes to better manage their condition and avoid its complications. The strategy helps low-income Albertans buy some diabetic supplies and screens Aboriginal people living in remote off-reserve aboriginal and northern communities for diabetes and its complications.

As the number of people with diabetes grows, its impact on individuals, their families and the health care system will continue to increase. Primary prevention activities are critical to reducing the risk of developing diabetes by focusing on people at risk, but who do not yet have the disease. Diabetes is a costly condition to manage and a reduction in the number of cases and good control of diabetes and its complications among those already diagnosed will help allow the health care system to better meet the demands that will be placed upon it.

Number of new diabetes cases per 1,000 population

	2003	2004	2005	2006	2007	2008	Target 2008/2009
(1) General population	4.0	4.5	4.6	4.7	4.9	–	4.3
(2) First Nations population	8.5	8.1	8.3	8.6	8.1	–	8.7

Source: Alberta Health and Wellness, Public Health Surveillance and Environmental Health Branch. Interactive Health Data Application.

Note: Results for 2008 are not available within the timeframe for reporting in the 2008/09 AHW Annual Report.

Measure 3.D Mortality rate (per 100,000 population) for land transport incidents

Albertans need to be assured that their health system is ready and able to provide the education and intervention to reduce the risk of serious injury in the population. Mortality rates for injury are appropriate indicators of effectiveness in this area.

Approximately 95 per cent of land transport incidents are motor vehicle collisions. Based on evidence provided by the Alberta Centre for Injury Control and Research, and following the precedent of the British Medical Journal, the word "accident" will not be used in Alberta Health and Wellness publications. The word accident generally implies that nothing could have been done to prevent the event from occurring; however, 90 per cent of injuries are predictable and preventable.

These rates are age-standardized; results can be compared with other jurisdictions providing the same standard population (1991 Canada) is used.

Reviewed by Auditor General

Mortality rate (per 100,000 population) for land transport incidents

	2003	2004	2005	2006	2007	2008	Target 2008/2009
Mortality rate (per 100,000 population) for land transport incidents	11.6	12.2	13.9	13.8	12.6	–	12.0

Sources: Alberta Vital Statistics (deaths) and Alberta Health and Wellness Registration File (mid-year population estimates).

Note: Results for 2008 are not available within the timeframe for reporting in the 2008/09 AHW Annual Report.

*The Vital Statistics death database is dynamic with previous years' data being updated; variations from previously reported results are possible. Accordingly, the 2005 result of 13.9 is restated from 13.8, previously reported in the 2007/08 Annual Report.

Measure 3.E

Percentage of women age 50 to 69 years receiving a screening mammography every two years

Mammography is an effective health examination for early detection of breast cancer which is a leading cause of death in women. Education and intervention reduces the rate of breast cancer among women from 50-69 years of age. The screening rate for breast cancer is an appropriate indicator of the effectiveness of the health system to diagnose the disease as soon as possible.

Appropriate screening can have a significant impact on early detection and prevention of death due to breast cancer. The joint efforts of the Alberta Cancer Board and Regional Health Authorities deliver the Screen Test Program and raise awareness of the importance of these cancer-screening tests.

Percentage of women age 50 to 69 receiving screening mammography every two years

	2000-2001	2003	2005	2007	2008*	Target 2008/2009
Percentage of women age 50 to 69 receiving screening mammography every two years	54	52	53	–	–	58
Percentage of women age 50 to 69 receiving mammography for any reason	71	74	72	–	74	–

Source: Statistics Canada, 2009. "An update on mammography use in Canada". Health Reports, Vol. 20, No. 3, catalogue number 82-003-X; Statistics Canada, Canadian Community Health Survey, 2008, 2005, 2003, 2000/01.

Note: To be consistent with new Statistics Canada methodology, results have been modified to exclude non-responses.

*The percentage of women receiving a routine mammography, or a mammography for any reason, is combined for 2008. Statistics Canada 2008 Canadian Community Health Survey does not include questions on the reason for having a mammography.

Measure 3.F Percentage who have received the recommended annual influenza vaccine

Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among older Albertans, residents of long-term care facilities, young infants, and those with certain chronic conditions. Hospitalizations for influenza are most likely in these populations, and cases can quickly fill acute care hospitals and emergency departments.

The percentage of Albertans who have received the recommended annual influenza vaccine has been declining over the past five years. In 2008/2009, the provincial target of 75 per cent was not met for seniors age 65 years and over, and for children between the age of six and 23 months.

Percentage who have received the recommended annual influenza vaccine

	2004	2005	2006	2007	2008-09	Target 2008/2009
(1) Seniors age 65+	69	68	62	62	58	75
(2) Children 6 to 23 months	40	59	52	52	43	75

Source: Alberta Health Services; Alberta Health and Wellness, Public Health Division, Interactive Health Data Population Estimates 2008.

Note: Results include reported aggregate data from the influenza immunization campaign between October and April. AHW only receives information from public health and physician administered influenza vaccine. Results do not include immunizations by private providers of this vaccine, such as pharmacies and the Victorian Order of Nurses (VON).

Goal 4

Reduce harm from alcohol, other drug and gambling problems

The harm associated with alcohol, other drugs and gambling can be considerable and long lasting for individuals, families and communities. Albertans recognize that there are significant and rising costs associated with addiction and that effective intervention requires comprehensive and collaborative action. The Alberta Alcohol and Drug Abuse Commission (AADAC)[1] offers treatment, prevention and information services that assist Albertans with alcohol, other drug and gambling problems. AADAC programs and services engage individuals, families and communities as a whole and target specific groups such as youth. Through consistent application and sustained support these programs benefit all Albertans by reducing the harm associated with substance use and gambling.

Achievements

Strategy 4.1 **Continue to develop and deliver collaborative services for groups with special needs, such as pregnant women and people with concurrent mental health issues.**

- As part of the Safe Communities Initiative, 20 residential treatment beds were opened for young adults aged18-24 years: 12 beds at Poundmaker's Lodge in St. Albert and eight beds at Aventa in Calgary (women only). This will improve service access and provide longer stays for young adults needing residential services.
- In support of the Prevention of Family Violence and Bullying Initiative, and as part of the Safe Communities Initiative, addiction counseling services were expanded for clients referred through the domestic violence courts. This increased available treatment in Fort McMurray, Lethbridge, Sundre, Rocky Mountain House, Grande Prairie, and Airdrie.

Strategy 4.2 **Improve services based on the province-wide review of addiction services and in response to amendments to the *Protection of Children Abusing Drugs Act*.**

- AADAC collaborated with Alberta Health and Wellness to amend the *Protection of Children Abusing Drugs Act* in response to identified implementation and operational issues. Amendments include requiring parents and guardians to attend a pre-application meeting with

1 As of April 1, 2009, these service are available under Alberta Health Services, Addiction and Mental Health.

addiction service providers, mandating parent and guardian participation at review hearings, lengthening the stay of confinement from five to 10 days and addressing reliance on police transportation.

- AADAC released the *Review of Addiction Services in Alberta* in October 2008. Findings and recommendations from the review are being used to guide planning and programs for integration of addiction and mental health services and to ensure that Albertans have timely access to the full spectrum of services and supports.

Strategy 4.3 **Enhance the delivery of prevention programs targeted at youth and young adults affected by alcohol, tobacco, other drugs and gambling.**

- AADAC provided communications and training support for new regulations under the *Tobacco Reduction Act* that were phased in during 2008/2009. Retailers across the province are now required to remove all point-of-sale advertising and displays, and to store tobacco products out of sight. As well, the sale of all tobacco products in pharmacies, stores that contain pharmacies, health-care facilities and public post-secondary institutions is prohibited.
- AADAC's province wide school-based prevention program was enhanced with funding from the Safe Communities Initiative. Counsellors were hired in Calgary, Edmonton, Grande Prairie, Lethbridge, Red Deer and Wainwright to work in partnership with schools and communities to prevent youth from becoming involved in substance use and crime. School prevention programs were also enhanced by the release of new grade eight lesson plans that include tobacco and gambling content, and Points for Parents to Ponder resources that support parental involvement in the information being discussed in the classroom.

Strategy 4.4 **Increase the engagement of government, community stakeholders and employers in initiatives to prevent and reduce the harm associated with substance use and gambling.**

- Various safe communities funded initiatives, contributing to healthy and safe communities were implemented. These include addiction prevention in schools, mobile/outreach/street intervention teams and 20 new residential treatment beds for young adults.
- AADAC is a member of the Workplace Mental Health and Addictions and Alberta Construction Industry Steering Committee. The committee initiated development of an action plan to address the promotion of healthy work environments in the construction industry and related sectors. A specific focus on addiction and mental health problems will be incorporated into the action plan. Collaboration and partnership in the committee will help to ensure that industry needs are met, and contribute to increased employee wellness within Alberta workplaces.
- In collaboration with Service Canada, AADAC developed a training program for agencies delivering youth employment services. Skills Link training was delivered in communities across Alberta and focused on substance use prevalence, signs and stages of substance use, stages of change, motivational interviewing and appropriate treatment options for youth.

Strategy 4.5 **Improve service delivery for adults and youth and support parents and families as key stakeholders in contributing to healthier outcomes for Albertans.**

- AADAC and the Tobacco Reduction in Childbearing Years committee launched "Baby Steps," a campaign encouraging pregnant women in central Alberta to quit smoking. This pilot campaign profiles five women from central Alberta and their personal stories of pregnancy and trying to quit smoking. The campaign included newspaper, television and radio ads and posters.
- AADAC and the Royal Canadian Mounted Police launched a new prevention program called Kids and Drugs. This program was developed by AADAC and

the RCMP to help parents learn strategies to prevent children from abusing alcohol and other drugs. The program is delivered through community-based parent workshops. Workshop materials include a facilitator's manual, a parent's booklet, promotional posters and giveaways for workshop participants.

Key Performance Measures and Results

Measure 4.A Percentage of clients who are satisfied with treatment services

Clients are more likely to be successful when treatment programs meet their needs and expectations. AADAC surveys clients to assess their level of satisfaction with treatment services received.

Results met the target for satisfaction. The high level of satisfaction suggests that treatment programs are continuing to meet client expectations.

Percentage of clients who are satisfied with treatment services

	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	Target 2008/2009
Percentage of clients who are satisfied with treatment services	95	96	95	95	95	95

Source: AADAC Treatment Followup Survey database (2003/2004 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Followup Survey (2005/2006 – 2008/2009) and Detox Feedback Survey (2005/2006 – 2008/2009). Client satisfaction was assessed from two sources. Results from both sources were combined and weighted to provide total client satisfaction (n = 8,911).

Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (April 2008 – March 2009): An independent private research contractor conducted follow-up telephone interviews with treatment clients. Clients entering treatment services who gave consent for follow-up (excluding detoxification and opioid dependency program) were eligible for telephone interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. A random sample of 6,913 clients was telephoned three months after treatment completion. A total of 2,138 clients were interviewed and asked to rate their level of satisfaction with services received (response rate = 30.9 per cent). The margin of error is ± 2.0 per cent, 19 times out of 20.

Detox Feedback Survey: Client satisfaction with detoxification was measured by a self-administered feedback survey given to clients at the end of service. Of the 11,148 clients receiving detoxification services, 6,773 surveys were returned (response rate = 60.8 per cent).

Measure 4.B Percentage of clients reporting they were improved following treatment

AADAC offers a range of treatment services and programs to respond to the individual needs of clients. The intended outcome of treatment services is client abstinence or improved level of recovery. AADAC measures client improvement following treatment to ensure that programs are effective.

The result for clients reporting improvement following treatment was within three per cent of target. Although the result has not met target, the intended outcome of abstinence or improved level of recovery continues to be achieved by nine out of 10 AADAC clients.

Reviewed by Auditor General

Percentage of clients reporting they were improved following treatment

	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	Target 2008/2009
Percentage of clients reporting they were improved following treatment	92	91	90	90	90	**93**

Source: AADAC Treatment Followup Survey database (2003/2004 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Followup Survey (2005/2006 – 2008/2009).

Client improvement was assessed using the same process as in client satisfaction source above (measure 4.A). Number of clients interviewed, response rate and margin of error are as above. Clients were interviewed and asked about their level of substance use and gambling. Improvement was indicated if clients were "abstinent" or "improved" three months after treatment.

Measure 4.C Prevalence of smoking among Alberta youth

Because most regular smokers start at an early age, prevention activities focusing on youth are key to reducing the number of smokers in Alberta. A decline in the prevalence of smoking by Alberta youth will have positive long-term effects on the health-care system.

The result for the prevalence of smoking among Alberta youth was within one per cent of the target. Rates of smoking by Alberta youth aged 12 to 19 have stabilized during

2005 – 2009. This slowing of declines in smoking rates demonstrates the need for continued support for youth tobacco prevention programming.

Reviewed by Auditor General

Prevalence of smoking among Alberta youth

	2000/ 2001	2003	2005	2007	2008	Target 2008/2009
Prevalence of smoking among Alberta youth	18	14	11	12	11	10

Source: Statistics Canada, Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005, 2007, 2008).

Daily and occasional smoking combined for Albertans 12 to 19 years of age. For 2008, the CCHS included a sample of Albertans 12 years and older (n = 5,932) with a response rate of 73.7 per cent. The 95 per cent confidence interval for the sample of Albertans 12 to 19 years of age was 8.2–14.3 per cent for the reported result.

Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Measure 4.D Prevalence of regular, heavy drinking among young Albertans

A pattern of regular, heavy drinking is associated with a higher risk of experiencing alcohol-related harm. Prevention programs targeting young Albertans are intended to reduce acute and chronic problems associated with this pattern of alcohol consumption.

The result for the prevalence of regular, heavy drinking among young Albertans aged 15–29 years was within one per cent of the target. The prevalence of regular, heavy drinking among young Albertans has remained relatively consistent over the past five years. This trend demonstrates the need for implementing a comprehensive provincial alcohol strategy that supports prevention and early intervention programs targeting young Albertans and other populations that have a pattern of regular, heavy drinking.

Reviewed by Auditor General

Prevalence of regular, heavy drinking among young Albertans

	2000/ 2001	2003	2005	2007	2008	Target 2008/2009
Prevalence of regular, heavy drinking among young Albertans	34	31	31	32	31	30

Source: Statistics Canada, Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005, 2007, 2008).

Regular, heavy drinking is defined as the consumption of five or more alcoholic drinks on one occasion, 12 or more times a year for Albertans 15 to 29 years of age. For 2008, the CCHS includes a sample of Albertans 12 years and older (n =5,932) with a response rate of 73.7 per cent. The 95 per cent confidence interval for the sample of Albertans 15 to 29 years of age was 27 to 34 per cent for the reported result.

Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Measure 4.E Percentage of adult Albertans who are aware of AADAC services

Albertans who are aware of AADAC services are more informed about where to get information on alcohol, other drugs and problem gambling as well as how to access prevention and treatment services.

The percentage of Albertans who are aware of AADAC services has not met the target of 90 per cent. With the replacement of the AADAC Board by the Alberta Health Services Board, addiction and mental health services were integrated and delivered through Alberta Health Services (April 1, 2009). As a result, key priorities for AADAC in 2008/2009 were ensuring the continued availability of front-line addiction services and the efficient use of public resources. Therefore, promotional activities were deferred. This may have contributed to the decline in Albertans' awareness of AADAC.

Percentage of adult Albertans who are aware of AADAC services

	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	Target 2008/2009
Percentage of adult Albertans who are aware of AADAC services	88	88	88	88	85	90

Source: Alberta Survey (2005, 2006, 2007, 2008, 2009)

Measure 4.F **Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child**

Alcohol consumption during pregnancy can have long-term effects on childhood development. Offering information on these effects can reduce the number of children born with fetal alcohol spectrum disorder (FASD).

The target for percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child was met: 99 per cent of women surveyed were aware of this risk, demonstrating widespread retention of this critical public health message.

Reviewed by Auditor General

Percentage of women who are aware that alcohol use during pregnancy can lead to life long disabilities in a child

	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	Target 2008/2009
Percentage of women who are aware that alcohol use during pregnancy can lead to life long disabilities in a child	99	98	98	99	99	99

Source: Alberta Survey (2005, 2006, 2007, 2008, 2009)

Goal 5

Health service quality and innovation

Albertans expect their health system to be capable of providing health services when they are needed and that those services will meet or exceed recognized standards of quality and safety. The ministry continuously monitors compliance with accepted standards and performance targets. The ministry also promotes the adoption of improved practice norms, and technological and scientific advances. Progress in achieving system-wide improvement requires clear goals and the active engagement of health system leaders and stakeholders.

Achievements

Strategy 5.1 **Improve access to primary health care and multidisciplinary teams in rural and urban Alberta, particularly in the area of maternity care.**

- Patient navigators were implemented in several areas of the health system, including cardiac care and breast cancer care. The patient navigator helps to coordinate the patient's services, serves as a liaison with other health care providers, provides referrals, and offers advocacy and ongoing support.
- Initiatives to improve access and reduce wait times continued to be implemented. Areas of focus included emergency room services, waitlist management, medical access to services, prostate cancer, rural children's mental health, breast cancer, cardiac access, back and spine care, and hip and knee arthroplasty. The management of these projects was transferred to Alberta Health Services on April 1, 2009.
- The Access Improvement Measure (AIM) program, which assists physicians, their teams and linked programs to focus on access, efficiency and clinical care improvements, and developing the right operational team was expanded. Approximately 600 primary care physicians (33 per cent of all Primary Care Network family physicians) have or are currently participating in AIM. This initiative has reduced wait times, patient delays along with more effective use of clinical teams in family physician's offices in Primary Care Networks. On average, primary care physicians participating in

AIM reported that wait times for the third next available appointment for short appointments dropped from 16 days to 5.9 days over the course of their participation in AIM. Also, many clinics have achieved same day or next day access for patients.

- During 2008/2009, an additional nine clinical alternate relationship plans (ARP) were implemented bringing the total number of clinical ARPs in Alberta to 42 and involving approximately 700 physicians. ARPs are alternative funding models to fee for service compensation. ARPs encourage innovation in health service delivery and are intended to enhance the recruitment and retention of health care providers, expand interdisciplinary team approaches to service delivery, improve access to care and increase patient satisfaction.
- Alberta Health and Wellness implemented and evaluated a three-year, $4 million, pilot project to support the integration of pharmacists within primary care networks. Fourteen networks received funding to hire pharmacists to conduct medication reviews, and to participate in chronic disease management programs and a number of patient education programs. The evaluation found that pharmacists bring valuable clinical knowledge to the primary care team. Pharmacists ensure appropriate use of medications by patients at critical times, such as when patients are discharged from hospitals, and they reduce the type and significance of medication-related issues and interventions.
- Fifteen new Telehealth projects and expansions were approved to enhance delivery of health services particularly to rural and remote communities in Alberta. Projects are in a wide variety of clinical areas such as oncology, opthalmology and cardiology.
- The Health Quality Council of Alberta completed a provincial emergency patient feedback survey and long term care resident and family feedback survey in 2008/2009. The surveys found that 90 per cent of those surveyed in rural emergency facilities and 84 per cent of those surveyed in urban facilities indicated their overall care was excellent, very good or good.

Strategy 5.2 **Promote innovative service delivery and compensation models, including disease management and outcome-based approaches, and encourage providers to work to their full scopes of practice.**

- Academic Alternate Relationship Plan (AARP) support academic physicians to fulfill their four fold mandate: clinical service delivery, administration and leadership, education and research. AARPs have been successful in implementing innovation, enhancing the recruitment and retention of health care providers and improving access to care.
- In 2008/2009, physician participation in AARPs has increased by 9.4 per cent from 594 physicians to 650 physicians. An additional AARP was implemented in the Division of Physical Medicine and Rehabilitation at the University of Calgary; bringing the total number to eight. AARPs now involve nine academic programs with 650 physicians, primarily specialists, working in either Calgary or Edmonton. Examples of the type of innovation AARPs have promoted include:
  - Care to Remote Health Regions – Models were developed to build capacity and deliver care to remote health regions through the use of outpatient and mobile clinics as well as nurse-led clinics;
  - Southern Alberta Child & Youth Network - This consists of 29 outreach agreements providing 160 services to 1,400 high risk youth in17 locations throughout southern Alberta;
  - Community Family Medicine Practices - A new model for community-based teaching was developed through the creation of community family medicine practices.
- A comprehensive annual complex care plan fee code was added to the schedule of medical benefits. The new fee code provides incentive for family physicians to complete annual complex care plans as part of a broader direction to support more effective chronic disease management.
- Through the provincial chronic disease management (CDM) Dissemination Initiative, the department supported the development and delivery of a consistent

CDM curriculum to front-line providers in Alberta Health Services and Primary Care Networks including:

- Introduction to chronic disease management online course accessed by 1013 health professionals.
- The chronic care skills development program for health professionals, which includes the Flinders model for care planning, choices and changes (motivational interviewing), and emotional and cultural skills in chronic care, has delivered 39 workshops with an additional 63 workshops scheduled to December 2009.

- The department, in collaboration with McMaster University, delivered a series of 12 workshops on case management theory to Primary Care Networks.

Strategy 5.3 **Improve the integration and coordination of specialized health services, including organ donation and transplantation, for enhanced service quality and accessibility.**

- The Alberta Provincial Stroke Strategy established four new primary stroke centres. There are now 11 primary stroke centres across the province along with two comprehensive stroke centres and 12 stroke prevention clinics that have been developed. These centres have improved the ability of Alberta's health regions to provide optimal care by offering Albertans 24 hour access to stroke treatment, specialist consultation, and TPA – a drug used to dissolve the blood clot that causes an ischemic stroke (the most common type of stroke). The centres have also increased geographic access to stroke treatment and other therapies especially in smaller non-metro areas, resulting in fewer transfers of patients. These smaller centres are linked by telestroke technology to tertiary stroke centres and stroke specialists enabling patients throughout the province access to appropriate and timely care in their region.
- The department initiated the development of a provincial home telehealth program to provide innovative service delivery to Albertans' place of residence. The program focuses on helping Albertans to better manage chronic disease conditions.

Strategy 5.4 **Achieve provincial/territorial benchmarks for improving service accessibility and position Alberta's interests at the forefront of federal-provincial-territorial initiatives.**

- Twelve intergovernmental agreements with provinces, territories and the federal government were reviewed and approved in collaboration with colleagues within International and Intergovernmental Relations and other ministries and jurisdictions. The agreements included a framework for sharing information and providing mutual aid during a public health emergency, support for surveillance of the blood supply, and to support surveillance of diabetes and chronic disease in Alberta.

Strategy 5.5 **Implement continuing care service standards and develop alternative financing approaches which will provide Albertans more options and choices for "aging-in-place."**

- A new provincial Continuing Care Strategy was released in December 2008, to improve health and personal care service options for seniors and persons with disabilities. The strategy will enhance supports to help individuals live in the community and provide incentives for renovations to long-term care facilities and new supportive living spaces.
- The department, in collaboration with McMaster University, provided 14 workshops to health care workers on continuing care theory, models and practice of case management in order to improve the care received by those in continuing care settings. More than 500 health care workers across the province were informed through these sessions.

Strategy 5.6 **Establish standards and provide leadership in integrating emergency medical services with primary health care and ambulance services.**

- Bill 43, the *Emergency Health Services Act*, received Royal Assent in December 2008. The act allows for the transfer of the responsibility for ambulance services from the province's municipalities to the provincial government. This transition will allow for a more patient-focused system that is free of geographical boundaries. The full transition of services was completed April 1, 2009.

Key Performance Measures and Results

Measure 5.A Wait times: Achievement of wait time goals

Wait times for health services are one measure of how well the health system is doing. Patients whose needs are very urgent receive immediate services, while patients with less urgent needs are placed on waiting lists. The Alberta Waitlist Registry provides wait time information for a variety of non-emergent surgical services. Albertans have the opportunity to view wait times for hip replacement surgery, for example, by facility and physician so that they are informed on how long patients can expect to wait for this type of surgical procedure. On September 2008, updates to the Alberta Waitlist Registry public website were suspended to facilitate work by Alberta Health Services to standardize and improve wait list data across the province.

The ministry is working with health service providers and Alberta Health Services to implement wait time goals and targets for selected health services. As part of the Alberta Health Services Strategic plan over the next three years, starting in 2009/2010, Alberta Health Services is committed to reduce wait times for coronary artery bypass surgery, elective primary hip replacement surgery, and elective primary knee replacement surgery. This work requires use of all available resources in the most efficient and effective manner so as to reduce wait times.

Heart Surgery

The most common open-heart surgery in adults is the coronary artery bypass graft (CABG) procedure. This is done to improve blood flow to the heart muscle and is usually performed on middle-aged or older adults when their arteries have become blocked. It is a specialized service provided by the Capital and Calgary Health Regions for all Albertans. Patients needing emergency heart surgery receive it within hours. Changes in treatment methodology have resulted in fewer people requiring CABG; many more patients are now undergoing angioplasty, which is an effective, less invasive procedure.

The ministry is working with physicians, administrators, and other experts to redesign service delivery to improve efficiency. The new Mazankowski Alberta Heart Institute opened in Edmonton in 2009 and will provide more resources for cardiac care, including cardiac surgery, research and education.

The 90th percentile wait times are shown by all urgency levels as reported by the Alberta Waitlist Registry. Urgency level 1 (Urgency I) is for more urgent conditions, urgency level 2 (Urgency level II) is for less urgent conditions, and urgency level 3 (Urgency III) is for elective conditions.

Reviewed by Auditor General

Heart Surgery (Coronary Artery Bypass Graft) – 90th Percentile Wait Times in Weeks, by Urgency Level

	March 2005	March 2006	March 2007	March 2008	March 2009	Target 2008/2009
Heart surgery (CABG)						
Urgency Level I	1	8	2	4	1	**2 weeks**
Urgency Level II	13	15	15	11	25	**6 weeks**
Urgency Level III	13	28	41	17	17	**26 weeks**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on July 4, 2009.

*The 90th percentile wait time for heart surgery (coronary artery bypass graft) — Urgency level 3 as of March 2007, that was published in the 2007/08 Annual Report, is revised to 41 weeks due to updates to the Alberta Waitlist Registry dataset in 2008/2009.

**The wait time targets for coronary artery bypass graft surgery, by urgency level, are based on the Federal/ Provincial/ Territorial wait time benchmarks for coronary artery bypass graft surgery, as published by Health Canada (June 2006) in the Final Report of the Federal Advisor on Wait Times. Cat.: H21-272/2006E-PDF. ISBN: 0-662-43474-9.

***The 90th percentile wait time target of 6 weeks for Urgency Level 1 and Urgency Level 2 combined, as published in the Ministry 2008 – 2011 Business Plan, is not comparable to the results reported by urgency level in 2008/2009 due to inconsistencies in coding practices among health facilities in the former Calgary and Capital health regions (now Alberta Health Services) in classifying patients waiting for coronary artery bypass surgery as Urgency Level 2 or Urgency Level 3.

Cataract Surgery

Cataract surgery is the removal of a cataract or clouded lens from one or both eyes and replacement with an artificial lens. Cataract surgery is performed by ophthalmologists. The information below describes wait times associated with cataract surgery performed on the first eye of a patient. Generally, for patients requiring cataract surgery for both eyes, the second surgery is performed after a predetermined period. This represents a continuation of service, not an initiation of service, and is therefore not included in wait time calculations. For

90 per cent of patients who need cataract surgery, the wait time has not met the target, and has increased over the past year to 31 weeks.

Cataract Surgery

	March 2005	March 2006	March 2007	March 2008	March 2009	Target 2008/2009
90th percentile wait time in weeks	39	29	33	28	31	**16 weeks**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on July 4, 2009.

Hip Fracture Repair Surgery

Providing reasonable access to needed health service is a major objective and a defining attribute of the publicly funded health system.

Operative delay in older patients with a hip fracture is associated with a higher risk of postoperative complications and mortality. Wait time for surgery following hip fracture provides a measure of the access of care. The wait time may be influenced by co-morbid conditions, hospital transfers and practice differences related to certain types of medications, like blood thinners. However, longer waits may indicate a lack of resources, physician unavailability and other issues related to access to surgical care (CIHI 2009).

In 2008/2009, the wait time target of 48 hours for hip fracture repair surgery was not met. The 90th percentile wait time for hip fracture repair surgery was 72 hours, indicating longer wait times for this type of bone and joint surgery.

Hip Fracture Repair Surgery

	March 2005	March 2006	March 2007	March 2008	March 2009	Target 2008/2009
90th percentile wait time (in hours)	48	72	72	72	72	**48 hours**

Source: In-patient data in Operational Data Store, Business Intelligence Environment, Alberta Health and Wellness.

Reference: Canadian Institute for Health Information. Health Indicators 2009 (Ottawa, Ont.: CIHI, 2009).

Hip and Knee Replacement Surgery

An aging population, increasing obesity rates, and the shift toward active lifestyles have increased the demand for hip and knee joint replacement surgeries. Care delivery for hip and knee replacement surgeries needs to be more efficient and accessible to meet the growing demand.

As of March 2009, for 90 per cent of patients who need hip replacement surgery, the wait time has not changed from 33 weeks, and has not met the target of 26 weeks.

Hip Replacement Surgery

	March 2005	March 2006	March 2007	March 2008	March 2009	Target 2008/2009
90th percentile wait time in weeks	59	47	40	33	33	**26 weeks**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on July 4, 2009.

For 90 per cent of patients who need knee replacement surgery, the wait time target was not met and has increased from 47 weeks in 2008 to 49 weeks in 2009.

Knee Replacement Surgery

	March 2005	March 2006	March 2007	March 2008	March 2009	Target 2008/2009
90th percentile wait time in weeks	65	58	50	47	49	**26 weeks**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on July 4, 2009.

Children's Mental Health Services

According to the National Institute of Mental Health, nearly one half of mental illnesses begin by age 14. While some children are seen immediately, especially those in crisis, there are still children who wait longer than they should. Providing reasonable access to needed health service is a major objective and a defining attribute of the publicly funded health system. Longer waits affect health status and quality of life and result in more costly health services.

The 2004 Provincial Mental Health Plan indicates that children and adolescents are priority populations for mental health service enhancements and children's mental health is one of six priority access areas in Alberta. The Postl report (*Final Report of The Federal Advisor on Wait times – Health Canada, 2006*) suggests that federal, provincial and territorial governments should address children's wait times due to the fact that the issues they face in their youth will affect their lifetime health.

In August 2008, the *Children's Mental Health Plan for Alberta: Three Year Action Plan* was released by Alberta Health and Wellness. This action plan was further supported in Goal 5 of Vision 2020 as a key action to be undertaken. The two goals in the action plan are to improve access to children's mental health services and address the mental health needs of children and youth at risk. Strategy 1.1 of Goal 1 is to implement access standards for children's mental health services for emergent care (within 24 hours), urgent care (within two weeks) and scheduled visits (within 30 days). Monitoring wait-times is a key outcome measure of improving access to services.

In 2008/2009, the target of 11 weeks as the 90th percentile wait time for children's mental health services was met. Since 2004/2005, there has been a trend for wait time for children's mental health services in Alberta to decrease. A number of factors have contributed to changes in wait times and overall increase in service capacity:

- Children's mental health service providers are working collaboratively to improve access to services.
- A provincial working group continually shares ideas of the most effective methods to leverage existing resources to increase capacity and reduce wait times.
- Innovative service delivery approaches are trialed in an attempt to improve access. Some of these innovations are a result of the "Mental Health Innovation Fund" projects that have been implemented in various parts of the province.
- There are provincial wait time standards for children's mental health that providers are striving to meet over time.

The following is a partial list of specific contributing factors from various areas in the province:

- Implementation of electronic Community Wide Scheduling system (Outreach and Community) since June of last year.
- Full implementation of Waitlist Standard.
- Ongoing definition and clarification of who the client population is for specific programs.
- Regular discussion about frequency and duration of contact in supervision and program planning.
- Consolidation and restructuring of children's programming in select areas.
- The development of additional resources for children with mild/moderate conditions through mental health innovations and capacity building.
- Working closely with community partners to move children and their families through service opportunities efficiently.
- Implementation of Community Helpers project for aboriginal youth.

These changes have contributed to an increased capacity to provide mental health services to children. When compared with four years ago, 24 per cent more children were served in 2008/2009.

Planning for revision of the current measure of wait-time for children's mental health services to more accurately reflect the access standards (emergent care within 24 hrs; urgent care within two weeks; and scheduled visits within 30 days) is underway. It is anticipated that these access standards will be met within three years (by 2012/2013).

Wait Time for Children's Mental Health Services inclusive of Emergent, Urgent and Scheduled Visits

	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	Target 2008/2009
90th percentile wait time in weeks	12	10	11	10	11	**11 weeks**

Source: Community mental health clinics and intake services across Alberta including specialized programs in hospitals and services provided through CASA.

Goal 6

Public confidence

The ministry is responsible for assuring the public that their health will be protected and that their health needs will be met in an appropriate and safe manner. The ministry develops emergency preparedness and response plans to deal with disease outbreaks and other public health threats. Risk management, patient safety and quality improvement are intrinsically linked. The ministry must ensure that the right systems, protocols, standards and incentives are in place for the delivery of safe health services.

Achievements

Strategy 6.1 **Protect Albertans against public health threats by strengthening the health system's capacity to prevent, prepare for and respond to risks.**

- Influenza vaccine coverage was extended to include healthy children aged two to four years and healthy adults aged 50 to 64 years. Eligible groups will be able to receive the influenza vaccine through public health clinics and physician offices free of charge.
- In June 2008, Alberta Health and Wellness announced the Alberta Human Papillomavirus (HPV) Immunization Program, a new program that will ensure that all girls entering Grade 5 will be eligible to receive a vaccine that will prevent HPV infection, which causes 70 per cent of all cervical cancers.
- The Blood Borne Pathogens and Sexually Transmitted Infections Action Plan was released in June 2008, in response to the rising rates of blood borne pathogens and sexually transmitted infections. The Action Plan is provincial in scope and is made up of several components to prevent, manage and reduce sexually transmitted infections and blood borne pathogens rates in the province.
- The department, in partnership with the Alberta Emergency Management Agency (AEMA), prepared and released the Government of Alberta's Plan for Pandemic Influenza. A resource booklet on influenza self care for inner-city residents with a training manual for inner city agencies was also developed. The plan and resource booklet helped to further Alberta's preparation for pandemic influenza.

Strategy 6.2 **Improve processes for identifying, reporting, monitoring and preventing adverse events and reducing risks to patient safety.**

- A provincial methicillin resistant *Staphylococcus aureus* (MRSA) surveillance plan was completed, which will help to evaluate the effectiveness of the provincial MRSA infection prevention and control guidelines and standards.
- Revised Continuing Care Health Service Standards were released in July 2008. The revised standards strengthen accountability and clarify expectations for continuing care services.
- The Health Quality Council of Alberta, along with the Institute for Safe Medication Practice Canada, implemented a project to improve medication management practices in long-term care facilities through the use of patient assessment tools.
- The minister established a requirement that regional health authorities obtain and maintain accreditation status from an appropriate accrediting organization(s) satisfactory to the minister. The requirement was implemented in May 2008 by a directive under the *Regional Health Authorities Act*. The requirement is being reviewed to determine how it can best be implemented now that a single regional health authority is responsible for service delivery across the province.

Strategy 6.3 **Implement infection prevention and control strategies and standards to reduce infections acquired in health facilities or in the community.**

- In partnership with Alberta Health Services and the health professional regulatory bodies, Alberta Health and Wellness implemented the new provincial infection prevention and control strategies and standards. Alberta Health and Wellness began monitoring compliance to the standards to protect the health and safety of Albertans.
- Funding was provided to Alberta Health Services to provide staff education and training on the infection prevention and control standards. Funding was also provided for infrastructure improvements to support hand hygiene in health care facilities.

- The *"Do Bugs Need Drugs"* program promoted hand washing through TV ads from January to March 2009. Funding was also provided to *"Do Bugs Need Drugs"* to educate children about hand hygiene.

Strategy 6.4 **Implement an enterprise risk management process for the health system to strengthen the ministry's role in assuring that planned results are achieved and that risks and barriers are anticipated and managed.**

- An enterprise risk management process for the department was developed and implemented. All divisions conducted risk assessments on their operational objectives and created risk treatment plans to mitigate the risk. An analysis of strategic risks that may prevent the department from achieving its objective was also completed. In December 2008, a review of the enterprise risk management framework and processes was performed. The review concluded that the implementation of enterprise risk management within the ministry is considered satisfactory.

Strategy 6.5 **Ensure the quality and security of health data and information while enhancing appropriate access to data for administration and research.**

- The department implemented its data quality plan through sessions on the six dimensions of data quality — timeliness, accuracy, documentation, consistency, accessibility, and relevance. These sessions were provided broadly across the department and to health region stakeholders who are responsible for implementing data quality plans.
- Developmental work was undertaken by the department to create data quality scorecards for components of the provincial electronic health record.

Key Performance Measures and Results

Measure 6.A 30-day heart attack survival rate for patients treated in hospital (three year average)

A patient's risk of dying in the hospital after a heart attack (acute myocardial infarction or AMI) depends on many factors. Mortality rates following a heart attack may reflect quality of care and the underlying effectiveness of treatment in a hospital, as well as care provided in the community. Monitoring in-hospital mortality after heart attacks can be used to review practice patterns, initiate improvements in care and evaluate progress. In the period 2005/2006 to 2007/2008, the 30-day AMI (heart attack) survival rate in Alberta was 92.2 per cent, meeting the provincial target of 92 per cent and exceeding the national rate of 90.9 per cent (CIHI, 2009).

Reviewed by Auditor General

30-day heart attack survival rate for patients treated in hospital (three year average)

	2001-03	2002-04	2003-05	2004-06	2005-07	Target 2008/2009
30–day heart attack survival rate for patients treated in hospital (three year average)	91	91	92	92	92	92

Source: Discharge Abstract Database, Canadian Institute for Health Information; CIHI Health Indicators 2009, p. 109.

Notes: The 30-day heart attack survival rate for patients treated in hospital (three year average) is calculated as the difference between 100% and the 30-day acute myocardial infarction in-hospital mortality rate (three-year average). The 30-day acute myocardial infarction in-hospital mortality is defined as the risk-adjusted rate of all cause in-hospital death occurring within 30 days of first admission to an acute care hospital with a diagnosis of acute myocardial infarction (AMI, or heart attack). To obtain annual results, rates were risk-adjusted by CIHI using data from 2005-2006 to 2007-2008.

Reference: Canadian Institute for Health Information. Health Indicators 2009. (Ottawa, Ont.: CIHI, 2009).

Integrated Results Analysis

This section provides a discussion of how the various results and accomplishments link together for a more complete picture. The following discusses what was achieved with the resources utilized.

The overall surplus compared to budget is primarily due to rescheduling of some capital funding to future years. Additional items that contributed to the ministry surplus were greater than anticipated utilization of lower cost generic drugs in Supplementary Health Benefits, reduced spending of funds from Mental Health Innovation Fund, and delays in implementation of the Safe Communities initiatives.

The following table compares the 2008/2009 budget with actual expenditures for 2008/2009 and prior year expenditures (2007/2008) by core business. The variances and other factors affecting performance are discussed in relation to each core business.

Financial Results by Core Business (in thousands)
Unaudited

	2008/2009 Budget	2008/2009 Actual	2007/2008 Restated Actual
1. Lead and direct the health system.	12,783,619	12,530,179	11,574,432
2. Mobilize people and partners to improve wellness.	290,527	260,518	330,698
3. Monitor and manage health system performance and risks.	155,891	90,373	156,486
	13,230,037	**12,881,070**	**12,061,616**

Core Business 1: Lead and direct the health system

This core business includes Goals 1 and 2 of the ministry business plan for 2008-2011 and focuses on strategies to provide effective governance and accountability for health system performance and spending, as well as improve the efficiency of the health system to contribute to long-term sustainability objectives.

Total spending on this core business was $12.5 billion, which is $253 million less than the budget and is an increase of $956 million over the previous year. The $253 million surplus in spending is primarily attributed to $377 million in rescheduling of funding for capital infrastructure projects to future years.

Savings were also achieved from the introduction of lower cost generic drugs entering the market replacing higher cost brand name products. Partially offsetting these savings were one-time payments to health authorities including $80 million to support the transition of Alberta's health system to one provincial health authority effective April 1, 2009. Another $97 million was provided to address the net 2007/2008 accumulated deficit. A further $200 million was provided to health regions to supplement operational funding.

Alberta Health Care Insurance premiums were eliminated effective January 1, 2009, reducing future revenues by approximately $1 billion annually. The elimination of premiums accelerated the collection process and resulted in earlier identification of uncollectible premiums of $40 million more than budgeted.

The $956 million spending increase from fiscal 2007/2008 includes additional spending for health authority services, physician services, supplementary health benefits, human tissue and blood services as well as new funding for the Safe Communities initiatives.

Core Business 2: Mobilize people and partners to improve wellness

This core business includes Goals 3 and 4 of the ministry business plan for 2008-2011 and is comprised of strategies that protect Albertans from communicable diseases and other threats to health and encourage Albertans to adopt healthy lifestyles.

Total spending in this core business was $261 million, which is $30 million less than the approved budget and $70 million less than the previous year. The $30 million decrease from budget was primarily due to lower than anticipated use of vaccines related to the Human Papillomavirus Immunization program, delayed implementation of community-based programs supporting health prevention and promotion activities and lower than anticipated spending in Cancer Research Prevention and Investment.

The spending decrease of $70 million from 2007/2008 is primarily attributed to a $60 million completion of one-time funding for the Children's Mental Health Plan. This plan was developed to improve access and address mental health needs of children and youth at risk. The spending decrease was also attributed to the completion of $30 million in one-time funding to health authorities for pandemic supplies inventory. Partially offsetting these 2008/2009 reductions was additional Safe Communities initiative funding to the Alberta Alcohol and Drug Abuse Commission for addiction prevention in schools and addiction treatment programs.

Core Business 3:
Monitor and manage health system performance and risks

This core business includes Goals 5 and 6 of the ministry business plan for 2008-2011 and focuses on strategies to improve health system efficiency, effectiveness, quality and innovation.

Total spending on this core business was $90 million, which was $66 million under budget and $66 million below 2007/2008 spending. The $66 million spending reduction was primarily due to shifting of funding for capital information systems projects to future years.

The $66 million spending reduction from 2007/2008 is attributed to the completion of projects in 2007/2008 as well as reduced spending in 2008/2009 for the Electronic Health Record.

Looking Ahead

Alberta has an excellent health system; however, improvements can always be made. To enhance Alberta's health system we will need to create a vision of what we want the health system to become, and then develop a systematic plan that will enable us to achieve it. *Vision 2020: The Future of Health Care in Alberta* was released on December 1, 2008, to chart a new path to deliver a high quality, efficient and sustainable health system for Albertans. Continued implementation of *Vision 2020* will optimize health service delivery by increasing efficiency, improving access and guiding capital planning.

A key to ensuring the success of *Vision 2020* will be to ensure Alberta has the health care professionals we need to meet future demand. Recruitment and retention of skilled health professionals will continue to be a priority and will include initiatives and incentives to both increase productivity and encourage health providers to work in locations where there is an undersupply. New and innovative payment and service models for health professionals that allow for team-based care and full scopes of practice should be implemented.

A strong and robust governance and accountability framework with all health providers is needed. Paramount will be a governance strategy with a strong, close working relationship with the newly created Alberta Health Services that enables the coordination of efforts, transparent reporting and clear roles at all levels of governance within the health system.

Finally, to effectively improve the health and quality of life for Albertans, a strong foundation for public health will need to be built. Disease prevention and health promotion decreases future demand for care and treatment, improves the quality of life for Albertans and enhances the sustainability of the health system. Improved health outcomes require better co-ordination and collaboration between public health and the delivery of health services, particularly primary health care. Improved health outcomes also require co-ordination between health and other sectors such as education, transportation and urban development.

Changes to Performance Measures Information

New or Changed Key Performance Measures in the 2008/2009

Annual Report:

- Health program spending by the ministry of Alberta Health and Wellness as a percentage of total provincial government spending.
- Average of all health authorities annual operating surplus (deficit) as a per cent of total health authorities revenue.
- Public expenditures per capita on prescribed drugs (dollars).
- Number of health workforce practitioners per 100,000 population – family physicians, specialist physicians, and nurses.
- Wait time for hip fracture repair surgery.

Key Performance Measures discontinued in the 2009-2012 Business Plan:

- Health program spending by the ministry of Alberta Health and Wellness as a percentage of total provincial government expenditures.
- Average of all health authorities' annual operating surplus (deficit) as a per cent of total health authorities revenue.
- Public expenditures per capita on prescribed drugs (dollars).
- Number of health workforce practitioners per 100,000 population.
- Number of new diabetes cases per 1,000 population.
- Mortality rate (per 100,000 population) for land transport incidents.
- Percentage of women age 50 to 69 receiving screening mammography every two years
- Wait time for cataract surgery.
- Wait time for hip fracture repair surgery.
- Long-term care placement: (1) Number waiting in an acute care hospital; (2) Number of urgent cases waiting in the community.
- 30-day heart attack survival rate for patients treated in hospital (three year average).
- Percentage of (AADAC) clients who are satisfied with treatment services.
- Percentage of (AADAC) clients reporting they were improved following treatment.

- Percentage of adult Albertans who are aware of AADAC services.
- Percentage of women who are aware that alcohol use during pregnancy can lead to life long disabilities in a child.

New or Changed Key Performance Measures in the 2009/2010

Annual Report:

- Annual ministry operating expense: percentage change over prior year actual.
- Incidence of serious complaints: percentage of Albertans reporting a serious complaint about any health care services personally received in the past year in Alberta.
- Patient safety: percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year.
- Confidence in the public health system: percentage of Albertans satisfied with health care services personally received in Alberta within the past year.
- Access to primary care through Primary Care Networks: percentage of Albertans enrolled in a Primary Care Network.
- Public rating of access to emergency department services: percentage rating ease of actually obtaining emergency department services needed for self as "easy".
- Wait time for: Heart surgery (CABG) – Urgency Level I (More urgent); Urgency Level II (Less urgent); Urgency Level III (Elective).
- Smoking: prevalence of smoking among (1) Alberta youth 12 to 19 years; (2) young adults 20 to 24 years.
- Sexually transmitted infection: Syphilis - rate of newly reported infections (per 100,000 population).
- Continuing care: Number of persons waiting in an acute care hospital bed for continuing care placement.
- Percentage of community physicians enrolled in the Physician Office System Program (POSP) and using the electronic medical record in their clinic.

Financial Information

Ministry of Health and Wellness

Consolidated Financial Statements

March 31, 2019

MINISTRY OF HEALTH AND WELLNESS

CONSOLIDATED FINANCIAL STATEMENTS

MARCH 31, 2009

Auditor's Report

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Schedule 5 – Consolidated Allocated Costs

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AUDITOR GENERAL
Alberta

Auditor's Report

To the Members of the Legislative Assembly

I have audited the consolidated statement of financial position of the Ministry of Health and Wellness as at March 31, 2009 and the consolidated statements of operations and cash flows for the year then ended. The financial statements are the responsibility of the Ministry's management. My responsibility is to express an opinion on the financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Ministry as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn]
FCA
Auditor General

Edmonton, Alberta
June 5, 2009

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2009

(in thousands)

	2009		2008
	Budget (Schedule 3)	Actual	Actual (Restated-Note 3)
Revenues (Schedule 1)			
Internal Government Transfers	$ 285,495	$ 279,752	$ 304,497
Transfers from Government of Canada	1,604,200	2,050,857	1,355,223
Investment Income	30,888	36,943	34,562
Premiums and Fees	779,778	786,871	1,006,063
Other Revenue	124,758	178,725	158,611
Revenues for fiscal plan purposes	2,825,119	3,333,148	2,858,956
(Decrease) in Equity in Health Authorities & Health Boards (Schedule 6)		(161,618)	(29,520)
Revenues for financial statement purposes		3,171,530	2,829,436
Expenses - Directly Incurred (Note 2d(v) and Schedules 2 & 5)			
Health Authority Services	7,112,081	7,486,890	6,656,955
Mental Health Innovation	25,000	-	24,354
Physician Services	2,509,224	2,598,066	2,279,914
Supplementary Health Benefits	748,851	675,829	646,667
Allied Health Services	98,126	92,647	85,443
Protection, Promotion and Prevention	157,549	124,725	223,061
Human Tissue and Blood Services	142,000	148,849	131,611
Provincial Programs	743,711	469,199	421,663
Addiction Prevention and Treatment Services	104,121	101,754	97,122
Ministry Support Services	178,901	170,806	148,923
Health Information Systems	107,607	51,835	118,503
Infrastructure Support	1,235,503	857,907	1,143,005
Cancer Research and Prevention Investment	25,000	19,257	25,000
Health Care Insurance Premium Revenue Write-Offs	42,363	82,258	57,698
Valuation Adjustments and other Provisions	-	1,048	1,697
	13,230,037	12,881,070	12,061,616
Net Operating Results	$ (10,404,918)	$ (9,709,540)	$ (9,232,180)

The accompanying notes and schedules are part of these consolidated financial statements

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2009
(in thousands)

	2009	2008 (Restated - Note 3)
ASSETS		
Cash (Note 4)	$ 27,862	$ 45,913
Accounts Receivable (Note 5)	59,421	236,849
Tangible Capital Assets (Note 6)	92,910	79,025
Consumable Inventory	27,125	21,300
Equity in Health Authorites & Health Boards (Schedule 6)	304,466	510,103
	$ 511,784	$ 893,190
LIABILITIES		
Accounts Payable and Accrued Liabilities (Note 7)	$ 803,180	$ 1,528,094
Unearned Revenue (Note 8)	61,729	165,830
	$ 864,909	1,693,924
NET LIABILITIES		
Net Liabilities at Beginning of Year	(800,734)	(499,904)
Net Operating Results	(9,709,540)	(9,232,180)
Change in Fair Value (Schedule 6)	(44,019)	28,404
Net Financing provided from General Revenues	10,201,168	8,902,946
Net Liabilities at End of Year	(353,125)	(800,734)
	$ 511,784	$ 893,190

The accompanying notes and schedules are part of these consolidated financial statements

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009	2008 (Restated - Note 3)
Operating Transactions		
Net Operating Results	$ (9,709,540)	$ (9,232,180)
Non-cash items:		
Amortization (Note 6)	18,460	14,397
Valuation Adjustments	83,306	59,395
Decrease in Equity in Health Authorities & Health Boards (Schedule 6)	161,618	29,520
	(9,446,156)	(9,128,868)
Decrease/(Increase) in Accounts Receivable	94,856	(82,034)
(Increase) in Consumable Inventory	(5,825)	(4,479)
(Decrease)/Increase in Accounts Payable and Accrued Liabilities	(725,648)	411,760
(Decrease) in Unearned Revenue	(104,101)	(60,740)
Cash (applied to) Operating Transactions	(10,186,874)	(8,864,361)
Capital Transactions		
Acquisition of Tangible Capital Assets (Note 6)	(32,345)	(20,841)
Cash (applied to) Capital Transactions	(32,345)	(20,841)
Financing Transactions		
Net Financing provided from General Revenues	10,201,168	8,902,946
(Decrease)/Increase in Cash	(18,051)	17,744
Cash, Beginning of Year	45,913	28,169
Cash, End of Year	$ 27,862	$ 45,913

MINISTRY OF HEALTH AND WELLNESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
MARCH 31, 2009

Note 1 Authority and Purpose

The Minister of Health and Wellness (Minister) has been designated responsibilities for various Acts by the *Government Organization Act*. To fulfill these responsibilities, the Minister administers the organizations listed below. The authority under which each organization operates is also listed. Together these organizations form the Ministry of Health and Wellness (Ministry).

Department of Health and Wellness	*Government Organization Act*
Alberta Alcohol and Drug Abuse Commission	*Alcohol and Drug Abuse Act*
Regional Health Authorities	*Regional Health Authorities Act*
Alberta Mental Health Board	*Alberta Regulation 84/99*
Alberta Cancer Board	*Cancer Programs Act*
Health Quality Council of Alberta	*Regional Health Authorities Act*

Effective April 1, 2009, the name of East Central Health was amended to Alberta Health Services. All other Regional Health Authorities, the Alberta Mental Health Board, the Alberta Cancer Board and the Alberta Alcohol and Drug Abuse Commission were disestablished and incorporated with Alberta Health Services.

The purpose of the Ministry is to maintain and improve the health of Albertans by providing increased access to quality health care and improve the efficiency and effectiveness of health care service delivery. The Ministry is also engaged in inter-ministerial initiatives to effectively address challenges to the health and well-being of the population.

Note 2 Summary of Significant Accounting Policies and Reporting Practices

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants. The PSAB financial statements presentation for government summary financial statements has been modified to more appropriately reflect the nature of the ministries.

(a) Reporting Entity

The reporting entity is the Ministry of Health and Wellness, for which the Minister of Health and Wellness is accountable. These financial statements include the financial results of the Department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission, the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Method of Consolidation

The accounts of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission are fully consolidated on a line-by-line basis. Revenue and expense transactions, capital, investing and financing transactions and related asset and liability accounts between these entities have been eliminated.

The accounts of the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta are included on the modified equity basis, the equity being computed in accordance with Canadian generally accepted accounting principles applicable to the Health Authorities, the Alberta Cancer Board, Alberta Mental Health Board and Health Quality Council of Alberta. Under the modified equity method, the accounting policies of the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta are not adjusted to conform to those of the Ministry. Inter-sector revenue and expense transactions and related asset and liability balances are not eliminated.

The Public Sector Accounting Board has issued standards that require controlled entities such as the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta to be fully consolidated line-by-line. In a transition period to March 31, 2009, the Ministry is permitted to use the modified equity method of accounting.

(c) Foundations

The Health Authorities disclose the results of controlled foundations in the notes to the financial statements. The net operating results and net assets of these controlled foundations are not consolidated into the Health Authorities or the Ministry's financial statements.

If the Health Authorities or the Ministry had consolidated the significantly controlled foundations, the operating results would have decreased by $3.1 million (2008 - increased by $3.5 million) and net liabilities would have decreased by $70.6 million (2008 - $92.0 million).

(d) Basis of Financial Reporting

(i) Revenues

All revenues are reported on the accrual basis of accounting. Cash received for which goods or services have not been provided by year end is recorded as unearned revenue.

(ii) Internal Government Transfers

Internal government transfers are transfers between entities within the government reporting entity where the entity making the transfer does not receive any goods or services directly in return.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(iii) Transfers from Government of Canada

Transfers from Government of Canada are recognized as revenues when authorized by federal legislation or federal/provincial agreements, eligibility criteria if any are met and a reasonable estimate of the amounts can be made. Overpayments relating to Canada Health Transfers and other transfers received before revenue recognition criteria have been met are included in either accounts payable and accrued liabilities or unearned revenue.

(iv) Investment Income

Under the terms of the capital funding arrangements with the regional health authorities and health boards, the capital funding from Alberta Health & Wellness is deposited into the consolidated cash and investment trust fund (CCITF) of the Province of Alberta until the authorities and health boards need the funds to make payments for the construction of approved capital projects. The CCITF is managed with the objective of providing competitive interest income to depositors. The interest income earned on funds held in the CCITF is deposited into the General Revenue Fund.

(v) Expenses

Directly Incurred

Directly incurred expenses are those costs the Ministry has primary responsibility and accountability for, as reflected in the Government's budget documents.

In addition to program operating expenses such as grants, salaries, supplies etc., directly incurred expenses also include:

- amortization of tangible capital assets.
- inventory consumed.
- pension costs which comprise the cost of employer contributions for current service of employees during the year.
- valuation adjustments which include changes in the valuation allowances used to reflect financial assets at their net recoverable or other appropriate value. Valuation adjustments also represent the change in management's estimate of future payments arising from obligations relating to vacation pay.

Grants are recognized as expenses when authorized, eligibility criteria, if any, are met, and a reasonable estimate of the amounts can be made.

Incurred by Others

Services contributed by other entities in support of the Ministry's operations are disclosed in Schedule 5.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(vi) Assets

Financial assets of the Ministry are limited to cash and financial claims, such as advances to and receivables from other organizations, employees and other individuals.

Assets acquired by right are not included. Tangible capital assets of the Ministry are recorded at historical cost and amortized on a straight-line basis over the estimated useful lives of the assets. The threshold for capitalizing new systems development is $100,000 and the threshold for all other capital assets is $5,000.

Consumable inventory is valued at the lower of cost and replacement cost and is determined on a first-in, first-out basis.

(vii) Liabilities

Liabilities are recorded to the extent that they represent present obligations as a result of events and transactions occurring prior to the end of the fiscal year. The settlement of liabilities will result in sacrifice of economic benefits in the future.

(viii) Net Liabilities

Net liabilities represent the difference between the carrying value of assets held by the Ministry and its liabilities.

(ix) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of cash, accounts receivable, accounts payable and accrued liabilities are estimated to approximate their carrying values because of the short-term nature of these instruments.

(x) Payments under Reciprocal and Other Agreements

The Ministry entered into agreements with other Provincial and Territorial Governments, the Federal Government and the Workers' Compensation Board to provide services on their behalf.

Expenses incurred and revenues earned in the provision of services under these agreements are recorded in the records of the service providers and are not included in these consolidated financial statements. Amounts paid and recovered under these agreements are disclosed in Note 11.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(xi) Measurement Uncertainty

Measurement uncertainty exists when there is a significant variance between the recognized or disclosed amount and another reasonably possible amount. Measurement uncertainty that is material to these financial statements exists in the accrual of Canada Health Transfer. The nature of uncertainty, for Canada Health Transfers, can arise from changes in the base allocations which are primarily a result of updated personal and corporate tax information or from a new entitlement with little historical experience.

Note 3 Reporting Changes
(in thousands)

As a result of transfer of responsibility for programs between the Department of Health and Wellness and the Department of Infrastructure and non billing for information technology services by the Department of Service Alberta, the comparatives for 2007/2008 have been restated as if the respective Departments had always been assigned with its current responsibilities.

The following is a summary of the effect of the reporting changes on the 2007/2008 financial statements:

	March 31, 2008			
		Reporting Changes		
	As Previously Reported	Transfers from Infrastructure [1]	Transfers to Service Alberta [2]	As Restated
Revenues	$ 2,829,436	$ -	$ -	$ 2,829,436
Expenses	12,062,136	1,840	(2,360)	12,061,616
Net Operating Results	(9,232,700)	(1,840)	2,360	(9,232,180)
Net Financing provided from General Revenues	8,903,466	1,840	(2,360)	8,902,946
Net Assets(Liabilities) at March 31, 2007	(499,904)	-	-	(499,904)
Increase in Unrealized Gain in Health Authorities and Health Boards	28,404	-	-	28,404
Net Assets(Liabilities) at March 31, 2008	$ (800,734)	$ -	$ -	$ (800,734)

[1] Responsibility for the Health Facilities operational funding was transferred from the Department of Infrastructure to the Department of Health and Wellness.

[2] In 2008/2009, the Department of Service Alberta no longer bills the Department of Health and Wellness for information technology services it did in 2007/2008.

Note 4 **Cash**
(in thousands)

The cash balance consists of the following:

	2009	2008
Department of Health and Wellness Bank Account	$ 3,495	$ 24,133
Alberta Alcohol and Drug Abuse Commission Consolidated Cash Investment Trust Fund	24,355	21,768
Accountable Advances	12	12
	$ 27,862	$ 45,913

Note 5 **Accounts Receivable**
(in thousands)

	2009			2008
	Gross Amount	Allowance for Doubtful Accounts	Net Realizable Value	Net Realizable Value
Accounts receivable	$ 126,698	$ (69,865)	$ 56,833	$ 234,460
Amounts due from Health Authorities & Health Boards	1,519	-	1,519	814
Other receivable	1,069	-	1,069	1,575
	$ 129,286	$ (69,865)	$ 59,421	$ 236,849

Note 6 Tangible Capital Assets
(in thousands)

	2009			2008
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 years	3 - 10 years		
Historical Cost [1]				
Beginning of year	$ 2,340	$ 137,496	$ 139,836	$ 118,995
Additions	441	31,904	32,345	20,841
	2,781	169,400	172,181	139,836
Accumulated Amortization				
Beginning of year	$ 746	$ 60,065	$ 60,811	$ 46,414
Amortization expense	250	18,210	18,460	14,397
	996	78,275	79,271	60,811
Net Book Value at March 31, 2009	$ 1,785	$ 91,125	$ 92,910	
Net Book Value at March 31, 2008	$ 1,594	$ 77,431		$ 79,025

[1] Historical cost includes work-in-progress, which is comprised of computer hardware and software, totaling $1,924 at March 31, 2009 (2008 - $2,587).

Note 7 Accounts Payable and Accrued Liabilities
(in thousands)

	2009	2008
Accounts payable	$ 453,482	$ 760,100
Accrued liabilities	291,949	255,142
Amounts due to Health Authorities & Health Boards	44,979	500,816
Accrued vacation pay	12,770	12,036
	$ 803,180	$ 1,528,094

Note 8 **Unearned Revenue**
(in thousands)

Changes in unearned revenue are as follows:

	2009	2008
Cash received/receivable during the year:		
Health Care Insurance Premiums	$ 2,117	$ 34,980
Patient Wait Times Guarantee	-	61,953
Human Papillomavirus	31,178	-
Institution Fees	-	26
	33,295	96,959
Less: Amounts recognized as revenue in the year	(137,396)	(157,699)
Net change during the year	(104,101)	(60,740)
Balance at beginning of year	165,830	226,570
Balance at end of year	$ 61,729	$ 165,830
Balances at end of year are comprised of:		
Health Care Insurance Premiums	$ 2,117	$ 34,980
Health Services for Persons with Hepatitis C	4,857	7,598
Third Party Recoveries	19	52
Patient Wait Times Guarantee	30,976	61,953
Wait Times Reduction Transfer	-	61,221
Human Papillomavirus	23,744	-
Institution Fees	16	26
	$ 61,729	$ 165,830

Note 9 **Contractual Obligations**
(in thousands)

As at March 31, 2009, the Ministry has the following contractual obligations:

	2009	2008
Specific programs commitments	$ 1,186,321	$ 883,700
Capital and construction contracts	4,662,693	3,466,034
Service contracts	267,866	264,747
Equipment & vehicles leases	9,077	29,141
	$ 6,125,957	$ 4,643,622

Note 9 **Contractual Obligations (continued)**
(in thousands)

The aggregate amounts payable for the unexpired terms of these contractual obligations are as follows:

	Specific Programs Commitments	Capital & Construction Contracts	Service Contracts	Equipment & Vehicles Leases	Total 2009
2010	$ 672,361	$ 895,120	$ 93,843	$ 3,565	$ 1,664,889
2011	441,857	1,602,135	47,047	2,659	2,093,698
2012	42,313	1,028,354	19,611	1,571	1,091,849
2013	24,514	505,525	18,639	591	549,269
2014	3,158	74,548	17,330	245	95,281
Thereafter	2,118	557,011	71,396	446	630,971
	$ 1,186,321	$ 4,662,693	$ 267,866	$ 9,077	$ 6,125,957

Health Authorities & Health Boards

The Health Authorities and Health Boards have total commitments of $2,549,540 (2008 - $1,691,118) and these have been included in the above numbers. Commitments between the Department and Health Authorities and Health Boards within the Ministry totaling $2,624,160 (2008 - $2,460,039) have not been eliminated. This is consistent with the modified equity method of consolidation.

Canadian Blood Services (CBS)

The Government of Alberta is committed to provide funding to the Canadian Blood Services (CBS) for the provision of blood services in Canada. This commitment was outlined in a Memorandum of Understanding, signed in January 1998, which recorded the understandings and commitments of the Minister of Health of Canada and the Provincial and Territorial Ministers of Health (except Quebec) regarding their respective roles and responsibilities in a renewed national blood system.

The Province's obligation for the operational costs of CBS is determined on a per capita basis, and the costs for fractionated blood and blood products is determined on the basis of annual utilization of these products. During the year, payments to CBS amounted to $140,175 (2008 - $131,349). Budget for the 2010 fiscal year is $148,300.

Note 10 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity (in dollars)

Hepatitis C

In June 1999, the Federal, provincial and territorial governments entered into an agreement to provide financial assistance to Canadians who were affected by the Hepatitis C virus through the Canadian blood system during the period from January 1, 1986 to July 1, 1990. The agreement provided for a total federal, provincial and territorial contribution of $1.1 billion plus interest. Interest is calculated and accrued quarterly on the outstanding balance at a rate equal to the 3 month Government of Canada Treasury Bill rate for the quarter. In the fiscal year 1999/2000, the Department accrued $30 million; representing Alberta's estimated proportionate share of the financial assistance, excluding accrued interest. At March 31, 2009, the outstanding unpaid balance, including Alberta's proportionate share of the accrued interest, was $17.9 million.

Equity Agreements with Voluntary Hospital Owners

The Ministry has a contingent liability for buy-out of equity under Equity Agreements entered into between the Ministry and Voluntary Hospital Owners. The Ministry's payout liability is contingent upon notification by the voluntary hospital owner of termination of the equity agreement. At March 31, 2009, the contingent payout liability upon termination is estimated at $12.8 million (2008 - $12.8 million).

Other Contingencies

At March 31, 2009, the Ministry was named as defendant in 50 legal actions; the outcome of which is indeterminable (2008 – 36 legal actions). 39 of these claims have specified amounts totaling $1,264.0 million (2008 – 25 claims with a specified amount of $340.3 million). Included in the total legal actions are 30 claims amounting to $1,012.3 million (2008 - 21 claims amounting to $94.4 million) in which the Ministry has been jointly named with other entities. 35 claims amounting to $61.8 million (2008 - 21 claims amounting to $73.1 million) are covered by either the Alberta Risk Management Fund or other insurance carriers. One claim amounting to $404.7 million (2008-0 claims) is partially covered by Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Indemnity

As described in Note 9, CBS provides blood services in Alberta. CBS has established two wholly-owned captive insurance corporations, CBS Insurance Company Limited (CBSI) and Canadian Blood Services Captive Insurance Company Limited (CBSE). CBSI provides insurance coverage up to $250.0 million with respect to risks associated with the operation of the blood system.

Effective September 28, 2006, CBSE has entered into an agreement whereby the provinces (except Quebec) and territories guarantee and indemnify the risks of operation of the blood system in the amount of $750.0 million in excess of the $250.0 million provided by the insurance coverage from CBSI. Alberta's Pro Rata Share of the $750.0 million is 13.1% or $98.0 million. Authority for Alberta to provide the indemnity under the CSA is pursuant to section 5.05 of the Indemnity Authorization Regulation 22/1997, under the *Financial Administration Act*.

The expense recognition criterion for the indemnity is notification from the CBS that the indemnity is required. At March 31, 2009, no amount has been recognized for this indemnity.

Note 11 Payments under Reciprocal and Other Agreements
(In thousands)

The Ministry entered into agreements, under the Alberta Health Care Insurance Plan, with other Provincial and Territorial Governments and the Workers' Compensation Board to provide health services on their behalf. The Ministry pays service providers for services rendered under the agreements and recovers the amount paid from other provinces, territories and the Workers' Compensation Board. Service providers include Health Authorities, Health Boards and physicians.

The Ministry also entered into agreements with the Western Provinces and Territories for the Western Health Information Collaborative (WHIC) to explore common opportunities that would meet their health information needs and support the strategic directions and initiatives for health infrastructure at the national level.

In addition, the Ministry entered into agreements with Health Canada, the Workers' Compensation Board and other provincial and territorial governments to provide air ambulance services on their behalf. Payments incurred under these agreements are made by the Ministry under authority of the *Financial Administration Act*, Section 25 (1).

Alberta has undertaken the role as lead jurisdiction for the National Blood portfolio for the period May 1, 2008 to March 31, 2010. The primary focus of this role is to provide secretariat functions for the activities and initiatives of the Provincial/Territorial Blood Liaison Committee to CBS. The Provincial/Territorial Collaborative Initiative Fund supports the activities of the lead jurisdiction.

Balances receivable from or payable to the Federal Government, other provincial and territorial governments and the Workers' Compensation Board are reflected in the Statement of Financial Position.

	2009					2008
	Western Health Information Collaborative	Other Provincial & Territorial Govt & WCB	Air Ambulance	Collaborative Initiative Fund	Total	Total
Opening receivable (payable) balance	$ 290	$ 52,825	$ 1,268	$ -	$ 54,383	$ 37,631
Add: Payments made during the year	-	237,882	3,029	54	240,965	207,069
	290	290,707	4,297	54	295,348	244,700
Less: Collections received during the year	(251)	(252,703)	(3,212)	(512)	(256,678)	(189,946)
Less: Adjustments made during the year	(1)	-	(150)	-	(151)	(371)
Closing receivable (payable) balance	$ 38	$ 38,004	$ 935	$ (458)	$ 38,519	$ 54,383

Note 12 Trust Funds under Administration
(in thousands)

Trust funds under administration are funds consisting of public money over which the Legislature has no power of appropriation. Because the Ministry has no equity in the funds and administers them for the purposes of various trusts, they are not included in the consolidated financial statements. As at March, 2009, trust funds under administration were as follows:

	2009	2008
Continuing Care Residents	$ 1,081	$ 1,105
Others	235	289
	$ 1,316	$ 1,394

Note 13 Defined Benefit Plans
(in thousands)

The Ministry participates in the multi-employer pension plans, Management Employees Pension Plan and Public Service Pension Plan. The Ministry also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $10,179 for the year ended March 31, 2009 (2008 -$9,400).

At December 31, 2008, the Management Employees Pension Plan reported a deficiency of $568,574 (2007 - $84,341) and the Public Service Pension Plan reported a deficiency of $1,187,538 (2007 - $92,509 as restated). At December 31, 2008, the Supplementary Retirement Plan for Public Service Managers had a deficiency of $7,111 (2007 - surplus of $1,510).

The Ministry also participates in two multi-employer Long Term Disability Income Continuance Plans. At March 31, 2009, the Bargaining Unit Plan reported an actuarial deficiency of $33,540 (2008 - $6,319) and the Management, Opted Out and Excluded Plan reported an actuarial deficiency of $1,051 (2008 - actuarial surplus of $7,874). The expense for these two plans is limited to the employer's annual contributions for the year.

Note 14 Comparative Figures

Certain 2008 figures have been reclassified, where necessary, to conform to the 2009 presentation.

Note 15 Approval of Financial Statements

The financial statements were approved by the Senior Financial Officer and the Deputy Minister.

Schedule 1

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009		2008
	Budget (Schedule 3)	Actual	Actual
Internal Government Transfers			
Transfer from the Lottery Fund	$ 260,495	$ 260,495	$ 279,497
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	19,257	25,000
	285,495	279,752	304,497
Transfers from Government of Canada			
Canada Health Transfer	1,496,886	1,947,239	1,227,579
Wait Times Reduction	61,222	61,222	121,889
Other Health Transfers	46,092	42,396	5,755
	1,604,200	2,050,857	1,355,223
Investment Income	30,888	36,943	34,562
Premiums and Fees			
Health Care Insurance Premiums [1]	752,250	758,707	978,778
Supplementary Health Benefit Premiums	25,800	25,904	25,663
Other	1,728	2,260	1,622
	779,778	786,871	1,006,063
Other revenue			
Third party recoveries	87,500	90,000	84,471
Miscellaneous			
Previous years' refunds of expenditure	1,500	80,129	47,833
Other	35,758	8,596	26,307
	124,758	178,725	158,611
Total Revenues for fiscal plan purposes	$ 2,825,119	$ 3,333,148	$ 2,858,956
(Decrease) in Equity in Health Authorities & Health Boards (Schedule 6)		(161,618)	(29,520)
Total Revenues for financial statement purposes		$ 3,171,530	$ 2,829,436

(1) Health Care Insurance Premiums have been eliminated entirely effective January 1, 2009. Due to premium eliminations, actual revenues from Insurance Premiums in subsequent fiscal years will be reduced by approximately $980 million annually.

Schedule 2

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF EXPENSES - DIRECTLY INCURRED DETAILED BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2009

(in thousands)

	2009		2008
	Budget (Schedule 3)	Actual	Actual (Restated - Note 3)
Grants	$ 12,787,333	$ 12,449,705	$ 11,688,690
Supplies and Services	172,020	143,436	122,071
Salaries, Wages and Employee Benefits	134,504	134,110	124,384
Amortization of Tangible Capital Assets	26,653	18,460	14,397
Inventory Consumed	42,051	32,690	27,542
Financial Transactions and Other	113	106	137
Cancer Research and Prevention Investment	25,000	19,257	25,000
Health Care Insurance Premium Revenue Write-offs	42,363	82,258	57,698
Valuation Adjustments and Other Provisions	-	1,048	1,697
	$ 13,230,037	$ 12,881,070	$ 12,061,616

Schedule 3

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2008-2009 Estimates	Adjustments [a]	2008-2009 Budget	Authorized Supplementary [b]	2008-2009 Authorized Budget
Revenues:					
Internal Government Transfers	$ 285,495	$ -	$ 285,495	$ -	$ 285,495
Transfer from Government of Canada	1,604,200	-	1,604,200	-	1,604,200
Investment Income	30,888	-	30,888	-	30,888
Premiums and Fees	779,778	-	779,778	-	779,778
Other Revenue	124,758	-	124,758	-	124,758
	2,825,119	-	2,825,119	-	2,825,119
Expenses - Directly Incurred:					
Health Authority Services	7,112,081	-	7,112,081	177,000	7,289,081
Mental Health Innovation	25,000	-	25,000	-	25,000
Physician Services	2,509,224	-	2,509,224	-	2,509,224
Supplementary Health Benefits	748,851	-	748,851	-	748,851
Allied Health Services	98,126	-	98,126	-	98,126
Protection, Promotion and Prevention	157,549	-	157,549	-	157,549
Human Tissue and Blood Services	142,000	-	142,000	-	142,000
Provincial Programs	743,711	-	743,711	(19,800)	723,911
Addiction Prevention and Treatment Services	104,121	-	104,121	-	104,121
Ministry Support Services	178,901	-	178,901	-	178,901
Health Information Systems	107,607	-	107,607	-	107,607
Infrastructure Support	1,235,503	2,050	1,237,553	-	1,237,553
Cancer Research and Prevention Investment	25,000	-	25,000	-	25,000
Health Care Insurance Premium Revenue Write-Offs	42,363	-	42,363	-	42,363
Dedicated Revenue Shortfall	-	(9,963)	(9,963)	-	(9,963)
	13,230,037	(7,913)	13,222,124	157,200	13,379,324
Net Operating Results	(10,404,918)	7,913	(10,397,005)	(157,200)	(10,554,205)

Schedule 3 (continued)

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2008-2009 Estimates	Adjustments [a]	2008-2009 Budget	Authorized Supplementary [b]	2008-2009 Authorized Budget
Equipment / Inventory Purchases	$ 59,300	$ -	$ 59,300	$ -	$ 59,300
Capital Investment	$ 10,978	$ 12,669	$ 23,647	$ -	$ 23,647

[a] Adjustments include encumbrances and dedicated revenue shortfalls. The increase is as a result of transfers of $450 and $1,600 for emerging capital purposes from the Department of Infrastructure pursuant to section 5(1)(a) of the Appropriation Act, 2008 and an approved capital carry-over from 2007/2008 unused appropriation of $12,669, pursuant to section 28.1 of the Financial Administration Act, 2008.

[b] Supplementary estimates were approved on December 4, 2008. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act*.

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Province of Alberta's financial statements. Related parties also include management in the Ministry.

The Ministry and its employees paid or collected certain taxes and fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this Schedule.

The Ministry had the following transactions with related parties recorded in the Consolidated Statement of Operations and Financial Position at the amount of consideration agreed upon between the related parties.

	Other Entities	
	2009	2008 (Restated-Note 3)
Revenues		
Grants	$ 279,752	$ 304,497
Other - Health Authorities	1,720	1,061
- Other Entities	1,074	464
	$ 282,546	$ 306,022
Expenses - Directly Incurred		
Grants - Health Authorities	$ 8,834,642	$ 8,412,104
- Other Entities	54,883	48,992
Other - Health Authorities	1,376	1,930
- Other Entities	7,439	7,664
	$ 8,898,340	$ 8,470,690
Receivable from - Health Authorities	$ 1,519	$ 814
- Other Entities	634	612
	$ 2,153	$ 1,426
Payable to - Health Authorities	$ 44,979	$ 500,816
- Other Entities	610	3,560
	$ 45,589	$ 504,376

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

Health Authorities and Boards had the following transactions with other entities which are not recorded in the Consolidated Statement of Operations and Financial Position due to the modified equity method of consolidation.

	2009	2008
Revenues	$ 33,797	$ 38,044
Expenses	$ 29,934	$ 58,668
Receivable	$ 14,412	$ 19,841
Payable	$ 195,382	$ 168,955
Tangible Capital Assets Transferred In	$ -	$ 23,508

The Ministry also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related party transactions are estimated based on the costs incurred by the service provider to provide the service. These amounts are not recorded in the consolidated financial statements and are disclosed in Schedule 5.

	Other Entities	
	2009	2008 (Restated-Note 3)
Expenses - Incurred by Others		
Accommodation	$ 19,702	$ 15,778
Legal	3,058	2,762
Other	7,119	6,753
	$ 29,879	$ 25,293

Schedule 5

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009					2008
		Expenses - Incurred by Others				(Restated - Note 3)
Program	Expenses [1]	Accommodation Costs [2]	Legal Services [3]	Other	Total	Total
Health Authority Services	$ 7,486,890	$ -	$ -	$ -	$ 7,486,890	$ 6,656,955
Mental Health Innovation	-	-	-	-	-	24,354
Physician Services	2,598,066	-	-	-	2,598,066	2,279,914
Supplementary Health Benefits	675,829	-	-	-	675,829	646,667
Allied Health Services	92,647	-	-	-	92,647	85,443
Protection, Promotion, and Prevention	124,725	-	-	-	124,725	223,061
Human Tissue and Blood Services	148,849	-	-	-	148,849	131,611
Provincial Programs	469,199	-	-	-	469,199	421,663
Addiction Prevention and Treatment Services	101,754	10,599	104	138	112,595	107,465
Ministry Support Services	170,806	9,103	2,954	6,981	189,844	163,873
Health Information Systems	51,835	-	-	-	51,835	118,503
Infrastructure Support	857,907	-	-	-	857,907	1,143,005
Cancer Research & Prevention Investment	19,257	-	-	-	19,257	25,000
Health Care Insurance Premium Revenue Write-Offs [4]	82,258	-	-	-	82,258	57,698
Valuation Adjustments and Other Provisions	1,048	-	-	-	1,048	1,697
	$ 12,881,070	$ 19,702	$ 3,058	$ 7,119	$ 12,910,949	$ 12,086,909

[1] Expenses - Directly Incurred as per Statement of Operations, excluding valuation adjustments.

[2] Costs shown for Accommodation (includes grants in lieu of taxes) on Schedule 4.

[3] Costs shown for Legal Services on Schedule 4.

[4] HCIP (Health Care Insurance Premium) Revenue Write-Offs relate to Premiums and Fees revenue.

Schedule 6

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF EQUITY IN HEALTH AUTHORITIES & HEALTH BOARDS
FOR THE YEAR ENDED MARCH 31, 2009

(in thousands)

	2009	2008
Opening Equity	$ 510,103	$ 511,219
Transfers from Government Sector Entities	8,297,190	7,254,341
Other Income	1,347,431	1,181,145
Total Income	9,644,621	8,435,486
Total Expenses	9,809,868	8,475,006
Net (Deficit)/Surplus	(165,247)	(39,520)
Endowment and land contributions	3,629	10,000
(Decrease)/Increase in Net Equity for the year	(161,618)	(29,520)
Change in Fair Value [1]	(44,019)	28,404
Equity at end of year	304,466	510,103
Represented by		
Assets		
Cash and Temporary Investments	$ 2,488,034	$ 1,411,731
Due From Government Sector Entities	113,150	914,340
Portfolio Investments	440,983	646,385
Tangible Capital Assets	5,539,367	4,785,580
Inventories	91,110	83,029
Accounts Receivable and Other Assets	360,047	458,409
	$ 9,032,691	$ 8,299,474
Liabilities		
Accounts Payable and Accrued Liabilities	$ 1,299,585	$ 1,055,246
Debt Held by Government Sector Entities	195,645	150,058
Other Liabilities and Unmatured Debt (includes vacation accruals)	47,375	47,591
Deferred Contributions [2]	672,870	622,414
Deferred Capital Contributions [2]	1,835,992	1,832,226
Unamortized External Capital Contributions [2]	4,676,758	4,081,836
	$ 8,728,225	$ 7,789,371
Equity in Health Authorities and Health Boards at end of year	$ 304,466	$ 510,103

(1) Health Authorities & Health Boards follow the principles of fair value accounting for investments. Under fair value accounting investments classified as available for sale are measured at fair value and the change in fair value is recorded directly in net assets as unrealized gain/loss. Upon the sale or impairment of investments classified as available for sale, an amount representing realized gain/loss or impairment loss is transferred to income.

(2) Health Authorities and Health Boards follow the deferral method of accounting. Restricted non-capital contributions are deferred and recognized as revenue when the related expenses are incurred. Deferred contributions represent restricted non-capital contributions which remain unspent. Capital contributions, including contributions from government sector entities, are recorded as deferred capital contributions until invested in tangible capital assets. Amounts invested are then transferred to unamortized external capital contributions and recognized as revenue when the related amortization expense of the tangible capital asset is recorded.

Financial Information

Department of Health and Wellness

Financial Statements

DEPARTMENT OF HEALTH AND WELLNESS

FINANCIAL STATEMENTS

MARCH 31, 2009

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Statement of Cash Flows

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Schedule 7 - Related Party Transactions

Schedule 8 - Allocated Costs

AUDITOR GENERAL
Alberta

Auditor's Report

To the Minister of Health and Wellness

I have audited the statement of financial position of the Department of Health and Wellness as at March 31, 2009 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Department's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Department as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn]
FCA
Auditor General

Edmonton, Alberta
June 5, 2009

DEPARTMENT OF HEALTH AND WELLNESS
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009 Budget (Schedule 4)	2009 Actual	2008 Actual (Restated-Note 3)
Revenues (Schedule 1)			
Internal Government Transfers	$ 285,495	$ 279,752	$ 304,497
Transfers from Government of Canada	1,604,200	2,050,857	1,355,223
Investment Income	30,000	35,891	33,255
Premiums and Fees	778,240	784,820	1,004,635
Other Revenue	122,658	176,557	157,024
	2,820,593	3,327,877	2,854,634
Expenses - Directly Incurred (Note 2b(vi) and Schedule 8)			
Voted (Schedules 3 and 5)			
Ministry Support Services	178,901	170,806	148,923
Physician Services	2,509,224	2,598,066	2,279,914
Provincial Programs	1,840,295	1,438,358	1,403,887
Protection, Promotion and Prevention	157,549	124,725	223,061
Health Authority Services	7,137,081	7,486,892	6,681,309
Assistance to Alberta Alcohol and Drug Abuse Commission	99,595	104,245	95,397
Infrastructure Support	1,235,503	857,907	1,143,005
	13,158,148	12,780,999	11,975,496
Statutory (Schedules 3 and 5)			
Cancer Research and Prevention Investment	25,000	19,257	25,000
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-Offs	42,363	82,258	57,698
Other Write-Offs	-	272	786
Provision for Vacation Pay	-	533	525
	67,363	102,320	84,009
	13,225,511	12,883,319	12,059,505
Net Operating Results	$ (10,404,918)	$ (9,555,442)	$ (9,204,871)

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2009
(in thousands)

	2009	2008 (Restated- Note 3)
ASSETS		
Cash	$ 3,495	$ 24,133
Accounts Receivable (Note 4)	60,132	235,686
Tangible Capital Assets (Note 5)	91,265	78,240
Consumable Inventory	27,125	20,880
	$ 182,017	$ 358,939
LIABILITIES		
Accounts Payable and Accrued Liabilities (Note 6)	$ 794,194	$ 1,512,751
Unearned Revenue (Note 7)	61,713	165,804
	855,907	1,678,555
NET LIABILITIES		
Net Liabilities at Beginning of Year	(1,319,616)	(1,017,691)
Net Operating Results	(9,555,442)	(9,204,871)
Net Financing provided from General Revenues	10,201,168	8,902,946
Net Liabilities at End of Year	(673,890)	(1,319,616)
	$ 182,017	$ 358,939

DEPARTMENT OF HEALTH AND WELLNESS
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009	2008 (Restated-Note 3)
Operating Transactions		
Net Operating Results	$ (9,555,442)	$ (9,204,871)
Non-cash items:		
Amortization (Note 5)	18,121	14,023
Valuation Adjustments	83,063	59,009
	(9,454,258)	(9,131,839)
Decrease/(Increase) in Accounts Receivable	93,024	(82,407)
(Increase) in Consumable Inventory	(6,245)	(4,506)
(Decrease)/Increase in Accounts Payable and Accrued Liabilities	(719,090)	409,224
(Decrease) in Unearned Revenue	(104,091)	(60,752)
Cash (applied to) Operating Transactions	(10,190,660)	(8,870,280)
Capital Transactions		
Acquisition of Tangible Capital Assets (Note 5)	(31,146)	(20,580)
Cash (applied to) Capital Transactions	(31,146)	(20,580)
Financing Transactions		
Net Financing provided from General Revenues	10,201,168	8,902,946
Increase in Cash	(20,638)	12,086
Cash, Beginning of Year	24,133	12,047
Cash, End of Year	$ 3,495	$ 24,133

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2009

Note 1 Authority and Purpose

The Department of Health and Wellness (the Department) operates under the authority of the *Government Organization Act*, Chapter G-10, Revised Statutes of Alberta 2000.

The purpose of the Department is to maintain and improve the health of Albertans by providing increased access to quality health care and improve the efficiency and effectiveness of health care service delivery. The Department is also engaged in inter-ministerial initiatives to effectively address challenges to the health and well-being of the population.

Note 2 Summary of Significant Accounting Policies and Reporting Practices

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants. The PSAB financial statements presentation standard for government summary financial statements has been modified to more appropriately reflect the nature of the departments (see note 2(a) below).

(a) Reporting Entity

The reporting entity is the Department of Health and Wellness, which is part of the Ministry of Health and Wellness and for which the Minister of Health and Wellness is accountable.

Other entities reporting to the Minister are the Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission, and the Health Quality Council of Alberta. The financial results of these organizations are not included in these financial statements.

The Ministry Annual Report provides a comprehensive accounting of the financial position and results of the Ministry's operations for which the Minister is accountable.

All departments of the Government of Alberta operate within the General Revenue Fund (the Fund). The Fund is administered by the Minister of Finance and Enterprise. All cash receipts of departments are deposited into the Fund and all cash disbursements made by departments are paid from the Fund. Net Financing provided from General Revenues is the difference between all cash receipts and all cash disbursements made.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting

(i) Revenues

All revenues are reported on the accrual basis of accounting. Cash received for which goods or services have not been provided by year end is recorded as unearned revenue.

(ii) Internal Government Transfers

Internal government transfers are transfers between entities within the government reporting entity where the entity making the transfer does not receive any goods or services directly in return.

(iii) Transfers from Government of Canada

Transfers from Government of Canada are recognized as revenues when authorized by federal legislation or federal/provincial agreements, eligibility criteria, if any, are met and a reasonable estimate of the amounts can be made. Overpayments relating to Canada Health Transfers entitlements and other transfers received before revenue recognition criteria have been met are included in either accounts payable and accrued liabilities or unearned revenue.

(iv) Investment Income

Under the terms of the capital funding arrangements with the regional health authorities and health boards, the capital funding from the Department is deposited into the consolidated cash and investment trust fund (CCITF) of the Province of Alberta until the authorities and health boards need funds to make payments for the construction of approved capital projects. The CCITF is managed with the objective of providing competitive interest income to depositors. The interest income earned on funds held in the CCITF is deposited into the General Revenue Fund.

(v) Dedicated Revenue

Dedicated revenue initiatives provide a basis for authorizing spending. Dedicated revenues are shown as credits or recoveries in the details of the Government Estimates for a supply vote.

If budgeted revenues are not fully realized, spending is reduced by an equivalent amount. If actual dedicated revenues exceed budget, the Department may, with the approval of the Treasury Board, use the excess revenue to fund additional expenses of the program. Schedule 2 discloses information on the Department's dedicated revenue initiatives.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting (continued)

(vi) Expenses

Directly Incurred

Directly incurred expenses are those costs the Department has primary responsibility and accountability for, as reflected in the Government's budget documents.

In addition to program operating expenses such as grants, salaries, supplies etc., directly incurred expenses also include:

- amortization of tangible capital assets.
- inventory consumed.
- pension costs which comprise the cost of employer contributions for current service of employees during the year.
- valuation adjustments which include changes in the valuation allowances used to reflect financial assets at their net recoverable or other appropriate value. Valuation adjustments also represent the change in management's estimate of future payments arising from obligations relating to vacation pay.

Grants are recognized as expenses when authorized, eligibility criteria, if any, are met, and a reasonable estimate of the amounts can be made.

Incurred by Others

Services contributed by other entities in support of the Department's operations are disclosed in Schedule 8.

(vii) Assets

Financial assets of the Department are limited to cash and financial claims, such as advances to and receivables from other organizations, employees and other individuals.

Assets acquired by right are not included. Tangible capital assets of the Department are recorded at historical cost and amortized on a straight-line basis over the estimated useful lives of the assets. The threshold for capitalizing new systems development is $100,000 and the threshold for all other tangible capital assets is $5,000. All land is capitalized.

Consumable inventory is valued at the lower of cost and replacement cost and is determined on a first-in, first-out basis.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting (continued)

(viii) Liabilities

Liabilities are recorded to the extent that they represent present obligations as a result of events and transactions occurring prior to the end of fiscal year. The settlement of liabilities will result in sacrifice of economic benefits in the future.

(ix) Net Liabilities

Net liabilities represent the difference between the carrying value of assets held by the Department and its liabilities.

(x) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of cash, accounts receivable, accounts payable and accrued liabilities are estimated to approximate their carrying values because of the short term nature of these instruments.

(xi) Payments under Reciprocal and Other Agreements

The Department entered into agreements with other Provincial and Territorial Governments, the Federal Government and the Workers' Compensation Board to provide services on their behalf.

Expenses incurred and revenue earned in the provision of services under these agreements are recorded in the records of the service providers and are not included in these financial statements. Amounts paid and recovered under these agreements are disclosed in Note 10.

(xii) Measurement Uncertainty

Measurement uncertainty exists when there is a variance between the recognized or disclosed amount and another reasonably possible amount. Measurement uncertainty that is material to these financial statements exists in the accrual of Canada Health Transfer. The nature of uncertainty for Canada Health Transfers can arise from changes in the base allocations which are primarily a result of updated personal and corporate tax information or from a new entitlement with little historical experience.

Note 3 Reporting Changes
(in thousands)

As a result of transfer of responsibility for programs between the Department of Health and Wellness and the Department of Infrastructure and non billing for information technology services by the Department of Service Alberta, the comparatives for 2007/2008 have been restated as if the respective Departments had always been assigned with its current responsibilities.

The following is a summary of the effect of the reporting changes on the 2007/2008 financial statements:

	March 31, 2008			
		Reporting Changes		
	As Previously Reported	Transfers from Infrastructure [1]	Transfers to Service Alberta [2]	As Restated
Revenues	$ 2,854,634	$ -	$ -	$ 2,854,634
Expenses	12,060,025	1,840	(2,360)	12,059,505
Net Operating Results	(9,205,391)	(1,840)	2,360	(9,204,871)
Net Financing provided from General Revenues	8,903,466	1,840	(2,360)	8,902,946
Net Assets(Liabilities) at March 31, 2007	(1,017,691)	-	-	(1,017,691)
Net Assets(Liabilities) at March 31, 2008	$ (1,319,616)	$ -	$ -	$ (1,319,616)

[1] Responsibility for the Health Facilities operational funding was transferred from the Department of Infrastructure to the Department of Health and Wellness.

[2] In 2008/2009, the Department of Service Alberta no longer bills the Department of Health and Wellness for information technology services it did in 2007/2008.

Note 4 Accounts Receivable
(in thousands)

	2009			2008
	Gross Amount	Allowance for Doubtful Accounts	Net Realizable Value	Net Realizable Value
Accounts Receivable	$ 125,579	$ (69,835)	$ 55,744	$ 233,682
Amounts due from Health Authorities and Provincial Boards	3,501	-	3,501	538
Other Receivable	887	-	887	1,466
	$ 129,967	$ (69,835)	$ 60,132	$ 235,686

Note 5 Tangible Capital Assets
(in thousands)

	2009			2008
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 years	5 - 10 years		
Historical Cost[1]				
Beginning of year	$ 1,917	$ 135,797	$137,714	$117,134
Additions	430	30,716	31,146	20,580
	2,347	166,513	168,860	137,714
Accumulated Amortization				
Beginning of year	$ 535	$ 58,939	$ 59,474	$ 45,451
Amortization expense	216	17,905	18,121	14,023
	751	76,844	77,595	59,474
Net Book Value at March 31, 2009	$ 1,596	$ 89,669	$ 91,265	
Net Book Value at March 31, 2008	$ 1,382	$ 76,858		$ 78,240

[1] Historical cost includes work-in-progress at March 31, 2009 for computer hardware and software totaling $1,924 (2008 - $2,587).

Note 6 Accounts Payable and Accrued Liabilities
(in thousands)

	2009	2008
Accounts payable	$ 452,975	$ 757,868
Accrued liabilities	289,370	247,800
Amounts due to Health Authorities and Provincial Boards	44,422	500,188
Accrued vacation pay	7,427	6,895
	$ 794,194	$ 1,512,751

Note 7 Unearned Revenue
(in thousands)

Changes in unearned revenues are as follows:

	2009	2008
Cash received/receivable during the year:		
Health Care Insurance Premiums	$ 2,117	$ 34,980
Patient Wait Times Guarantee	-	61,953
Human Papillomavirus	31,178	-
	33,295	96,933
Less amounts recognized as revenue in the year	(137,386)	(157,685)
Decrease during the year	(104,091)	(60,752)
Balance at beginning of year	165,804	226,556
Balance at end of year	$ 61,713	$ 165,804
Balances at end of year are comprised of:		
Health Care Insurance Premiums	$ 2,117	$ 34,980
Health Services for Persons with Hepatitis C	4,857	7,598
Third Party Recoveries	19	52
Wait Times Reduction Transfer	-	61,221
Patient Wait Times Guarantee	30,976	61,953
Human Papillomavirus	23,744	-
	$ 61,713	$ 165,804

Note 8 Contractual Obligations
(in thousands)

As at March 31, 2009, the Department has the following contractual obligations:

	2009	2008
Specific programs commitments	$ 1,044,269	$ 675,472
Capital and construction contracts	2,431,810	2,194,702
Service contracts	96,246	78,765
	$ 3,572,325	$ 2,948,939

Note 8 Contractual Obligations (continued)
(in thousands)

The aggregate amounts payable for the unexpired terms of these contractual obligations are as follows:

	Specific Programs Commitments	Capital & Construction Contracts	Service Contracts	Total 2009
2010	$ 584,237	$ 54,204	$ 69,046	$ 707,487
2011	422,308	808,892	26,913	1,258,113
2012	25,824	739,835	201	765,860
2013	11,900	278,385	57	290,342
2014	-	69	2	71
Thereafter	-	550,425	27	550,452
	$ 1,044,269	$ 2,431,810	$ 96,246	$ 3,572,325

Canadian Blood Services (CBS)

The Government of Alberta is committed to provide funding to Canadian Blood Services (CBS) for the provision of blood services in Alberta. This commitment was outlined in a Memorandum of Understanding, signed in January 1998, which recorded the understandings and commitments of the Minister of Health of Canada and the Provincial and Territorial Ministers of Health (except Quebec) regarding their respective roles and responsibilities in a renewed national blood system.

The Province's obligation for the operational costs of CBS is determined on a per capita basis, and the costs for fractionated blood and blood products is determined on the basis of annual utilization of these products. During the year, payments to CBS amounted to $140,175 (2008 - $131,349). Budget for the 2010 fiscal year is $148,300.

Note 9 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity
(in dollars)

Hepatitis C

In June 1999, the Federal, provincial and territorial governments entered into an agreement to provide financial assistance to Canadians who were affected by the Hepatitis C virus through the Canadian blood system during the period from January 1, 1986 to July 1, 1990. The agreement provided for a total federal, provincial and territorial contribution of $1.1 billion plus interest. Interest is calculated and accrued quarterly on the outstanding balance at a rate equal to the 3 month Government of Canada Treasury Bill rate for the quarter. In the fiscal year 1999/2000, the Department accrued $30 million; representing Alberta's estimated proportionate share of the financial assistance, excluding accrued interest. At March 31, 2009, the outstanding unpaid balance, including Alberta's proportionate share of the accrued interest, was $17.9 million.

Note 9 **Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity (continued)** (in dollars)

Equity Agreements with Voluntary Hospital Owners

The Department has a contingent liability for buy-out of equity under Equity Agreements entered into between the Department and Voluntary Hospital Owners. The Department's payout liability is contingent upon notification by the voluntary hospital owner of termination of the equity agreement. At March 31, 2009, the contingent payout liability upon termination is estimated at $12.8 million (2008 - $12.8 million).

Other Contingencies

At March 31, 2009, the Department was named as defendant in 19 legal actions, the outcome of which is indeterminable (2008 - 16 legal actions). 16 of these claims have specified amounts totaling $1,209.0 million (2008 - 13 claims with a specified amount of $268.3 million). Included in the total legal actions are 15 claims amounting to $1,170.8 million (2008 – 12 claims amounting to $232.7 million) in which the Department has been jointly named with other entities. 4 claims amounting to $6.9 million (2008 - 3 claims amounting to $4.5 million) are covered by the Alberta Risk Management Fund. One claim amounting to $404.7 million (2008- 0 claims) is partially covered by Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Indemnity

As described in Note 8, CBS provides blood services in Alberta. CBS has established two wholly-owned captive insurance corporations, CBS Insurance Company Limited (CBSI) and Canadian Blood Services Captive Insurance Company Limited (CBSE). CBSI provides insurance coverage up to $250.0 million with respect to risks associated with the operation of the blood system.

Effective September 28, 2006, CBSE has entered into an agreement whereby the provinces (except Quebec) and territories guarantee and indemnify the risks of operation of the blood system in the amount of $750.0 million in excess of the $250.0 million provided by the insurance coverage from CBSI. Alberta's Pro Rata Share of the $750.0 million is 13.1% or $98.0 million. Authority for Alberta to provide the indemnity under the CSA is pursuant to section 5.05 of the Indemnity Authorization Regulation 22/1997, under the *Financial Administration Act*.

The expense recognition criterion for the indemnity is notification from the CBS that the indemnity is required. At March 31, 2009, no amount has been recognized for this indemnity.

Note 10 Payments under Reciprocal and Other Agreements
(in thousands)

The Department entered into agreements, under the Alberta Health Care Insurance Plan, with other Provincial and Territorial Governments and the Workers' Compensation Board to provide health services on their behalf. The Department pays service providers for services rendered under the agreements and recovers the amount paid from other provinces, territories and the Workers' Compensation Board. Service providers include Regional Health Authorities, Provincial Health Boards and physicians.

The Department also entered into agreements with the Western Provinces and Territories for the Western Health Information Collaborative (WHIC) to explore common opportunities that would meet their health information needs and support the strategic directions and initiatives for health infrastructure at the national level.

In addition, the Department entered into agreements with Health Canada, the Workers' Compensation Board and other provincial and territorial governments to provide air ambulance services on their behalf. Payments incurred under these agreements are made by the Department under authority of the *Financial Administration Act*, Section 25 (1).

Alberta has undertaken the role as lead jurisdiction for the National Blood portfolio for the period May 1, 2008 to March 31, 2010. The primary focus of this role is to provide secretariat functions for the activities and initiatives of the Provincial/Territorial Blood Liaison Committee to CBS. The Provincial/Territorial Collaborative Initiative Fund supports the activities of the lead jurisdiction.

Balances receivable from or payable to the Federal Government, other provincial and territorial Governments and the Workers' Compensation Board are reflected in the Statement of Financial Position.

	2009					2008
	Western Health Information Collaborative	Other Provincial, Territorial Govt & WCB	Air Ambulance	Collaborative Initiative Fund	Total	Total
Opening receivable (payable) balance	$ 290	$ 52,825	$ 1,268	$ -	$ 54,383	$ 37,631
Add: Payments made during the year	-	237,882	3,029	54	240,965	207,069
	290	290,707	4,297	54	295,348	244,700
Less: Collections received during the year	(251)	(252,703)	(3,212)	(512)	(256,678)	(189,946)
Less: Adjustments made during the year	(1)	-	(150)	-	(151)	(371)
Closing receivable (payable) balance	$ 38	$ 38,004	$ 935	$ (458)	$ 38,519	$ 54,383

Note 11 Defined Benefit Plans
(in thousands)

The Department participates in the multi-employer pension plans, Management Employees Pension Plan and Public Service Pension Plan. The Department also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $6,319 for the year ended March 31, 2009 (2008 - $5,940).

At December 31, 2008 the Management Employees Pension Plan reported a deficiency of $568,574 (2007 - $84,341) and the Public Service Pension Plan reported a deficiency of $1,187,538 (2007 - $92,509 as restated). At December 31, 2008, the Supplementary Retirement Plan for Public Service Managers had a deficiency of $7,111 (2007 - surplus of $1,510).

The Department also participates in two multi-employer Long Term Disability Income Continuance Plans. At March 31, 2009, the Bargaining Unit Plan reported an actuarial deficiency of $33,540 (2008 - $6,319) and the Management, Opted Out and Excluded Plan an actuarial deficiency of $1,051 (2008 - actuarial surplus of $7,874). The expense for these two plans is limited to the employer's annual contribution for the year.

Note 12 Comparative Figures

Certain 2008 figures have been reclassified, where necessary, to conform to the 2009 presentation.

Note 13 Approval of Financial Statements

The financial statements were approved by the Senior Financial Officer and the Deputy Minister.

Schedule 1

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009		2008
	Budget (Schedule 4)	Actual	Actual
Internal Government Transfers			
Transfer from the Lottery Fund	$ 260,495	$ 260,495	$ 279,497
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	19,257	25,000
	285,495	279,752	304,497
Transfers from Government of Canada			
Canada Health Transfer	1,496,886	1,947,239	1,227,579
Wait Times Reduction	61,222	61,222	121,889
Other Health Transfers	46,092	42,396	5,755
	1,604,200	2,050,857	1,355,223
Investment Income	30,000	35,891	33,255
Premiums and Fees			
Health Care Insurance Premiums [1]	752,250	758,707	978,778
Supplementary Health Benefit Premiums	25,800	25,904	25,663
Other	190	209	194
	778,240	784,820	1,004,635
Other Revenue			
Third party recoveries	87,500	90,000	84,471
Miscellaneous			
Previous years' refunds of expenditure	1,500	80,129	47,833
Other	33,658	6,428	24,720
	122,658	176,557	157,024
Total revenues	$ 2,820,593	$ 3,327,877	$ 2,854,634

[1] Health Care Insurance Premiums have been eliminated entirely effective January 1, 2009. Due to premium eliminations, actual revenues from Insurance Premiums in subsequent fiscal years will be reduced by approximately $980 million annually.

Schedule 2

DEPARTMENT OF HEALTH & WELLNESS
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE PERIOD ENDED MARCH 31, 2009

(in thousands)

	2009		
	Authorized Dedicated Revenues	Actual Dedicated Revenues [a]	(Shortfall) / Excess
Ministry Support Services			
Policy Planning and Research Services [b]	$ 200	$ 101	(99)
Public Health [c]	479	164	(315)
Provincial Programs			
Supplementary Health Benefits [d]	25,800	25,904	104
Health Information Systems [e]	14,500	0	(14,500)
Support Programs [f]	5,187	3,577	(1,610)
Health Care Insurance Premium Revenue	752,250	758,707	6,457
	$ 798,416	$ 788,453 [g]	$ (9,963)

[a] Revenues from dedicated revenue initiatives are included in the Department's revenues in the Statement of Operations.

[b] The Department provides statistical information and reports to third party researchers and institutions.

[c] The Department receives funding from Health Canada to support development of a National Diabetes Surveillance system. Funding is also received from Public Health Agency to support a Transfusion Safety Officer position.

[d] The Department provides Non-Group Blue Cross coverage on a premium basis for non-seniors. Seniors are provided coverage, but do not pay premiums.

[e] Canada Health Infoway provides funding to implement Diagnostic Imaging (DI) throughout Alberta.

[f] The Department receives funding from Health Canada to enhance existing health services to persons with chronic Hepatitis C virus infection, support projects to increase access to assessment, retraining and registration for internationally educted health professionals. Funding is also received from Canada Health Infoway to enhance clinical telehealth service delivery and from drug companies for specific studies or programs that contribute to cost-effective use of medications.

[g] Shortfall is deducted from current year's authorized budget, as disclosed in Schedules 4 and 5 to the financial statements

Schedule 3

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF EXPENSES DIRECTLY INCURRED DETAILED BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009		2008
	Budget	Actual	Actual (Restated-Note 3)
Voted:			
Grants	$12,868,779	$ 12,532,074	$ 11,762,490
Supplies and Services	146,403	124,212	102,837
Salaries, Wages and Employee Benefits	74,322	73,798	68,484
Amortization	26,480	18,121	14,023
Inventory Consumed	42,051	32,690	27,542
Other	113	104	120
Total Voted Expenses	$13,158,148	$ 12,780,999	$ 11,975,496
Statutory:			
Cancer Research and Prevention Investment	$ 25,000	$ 19,257	$ 25,000
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-offs	42,363	82,258	57,698
Other Write-offs	-	272	786
Provision for Vacation Pay	-	533	525
	$ 67,363	$ 102,320	$ 84,009

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2008 - 2009 Estimates	Adjustments (a)	2008-2009 Budget	Authorized Supplementary (b)	2008 - 2009 Authorized Budget
Revenues:					
Internal Government Transfers	$ 285,495	$ -	$ 285,495	$ -	$ 285,495
Transfer from Government of Canada	1,604,200	-	1,604,200	-	1,604,200
Investment Income	30,000	-	30,000	-	30,000
Premiums and Fees	778,240	-	778,240	-	778,240
Other Revenue	122,658	-	122,658	-	122,658
	2,820,593	-	2,820,593	-	2,820,593
Expenses - Directly Incurred:					
Voted Expenses					
Ministry Support Services	178,901	-	178,901	-	178,901
Physician Services	2,509,224	-	2,509,224	-	2,509,224
Provincial Programs	1,840,295	-	1,840,295	(19,800)	1,820,495
Protection, Promotion and Prevention	157,549	-	157,549	-	157,549
Health Authority Services	7,137,081	-	7,137,081	177,000	7,314,081
Assistance to Alberta Alcohol and Drug Abuse Commission	99,595	-	99,595	-	99,595
Infrastructure Support	1,235,503	2,050	1,237,553	-	1,237,553
Dedicated Revenue Shortfall (Schedule 2)	-	(9,963)	(9,963)	-	(9,963)
	13,158,148	(7,913)	13,150,235	157,200	13,307,435
Statutory Expenses					
Cancer Research and Prevention Investment	25,000	-	25,000	-	25,000
Valuation Adjustments					
Health Care Insurance Premium Revenue Write-offs	42,363	-	42,363	-	42,363
Other Write-offs	-	-	-	-	-
Provision for Vacation Pay	-	-	-	-	-
	67,363	-	67,363	-	67,363
Total Expense	13,225,511	(7,913)	13,217,598	157,200	13,374,798
Net Operating Results	(10,404,918)	7,913	(10,397,005)	$ (157,200)	(10,554,205)
Equipment / Inventory Purchases	$ 59,300	$ -	$ 59,300	$ -	$ 59,300
Capital Investment	$ 10,800	$ 12,669	$ 23,469	$ -	$ 23,469

(a) Adjustments include encumbrances, dedicated revenue increases and dedicated revenue shortfalls. The increase is as a result of transfers of $450 and $1,600 for emerging capital purposes from the Department of Infrastructure pursuant to section 5(1)(a) of the Appropriation Act, 2008 and an approved capital carry-over from 2007/2008 unused appropriation of $12,669, pursuant to section 28.1 of the Financial Administration Act, 2008.

(b) Supplementary estimates were approved on December 4, 2008. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act*.

Schedule 5

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2009
(in thousands)

Voted Expenses, Equipment/Inventory Purchases and Capital Investment:	2008/2009 Estimates	Adjustments [a]	2008/2009 Budget	Authorized Supplementary [b]	2008/2009 Authorized Budget	2008/2009 Actual [c]	Unexpended / (Over Expended)
Ministry Support Services							
1.0.1 Minister's Office	$ 658	-	$ 658	-	$ 658	$ 601	$ 57
1.0.2 Deputy Minister's Office	791	-	791	-	791	775	16
1.0.3 Public Communications	1,844	-	1,844	-	1,844	1,835	9
1.0.4 Policy, Planning and Research Services	13,482	-	13,482	-	13,482	21,618	(8,136)
1.0.5 Public Health	19,821	-	19,821	-	19,821	14,786	5,035
1.0.6 Workforce Services	8,521	-	8,521	-	8,521	10,894	(2,373)
1.0.7 Corporate Support Services							
- Expense	105,709	-	105,709	-	105,709	90,961	14,748
- Equipment / Inventory Purchases	-	-	-	-	-	611	(611)
1.0.8 Program Services	24,367	-	24,367	-	24,367	26,285	(1,918)
1.0.9 Health Facilities Review Committee	884	-	884	-	884	808	76
1.0.10 Health Advisory and Appeal Services	2,824	-	2,824	-	2,824	2,092	732
1.0.11 Mental Health Patient Advocate Office	-	-	-	-	-	151	(151)
Total Ministry Support Services	178,901	-	178,901	-	178,901	171,417	7,484
Physician Services							
2.0.1 Physician Compensation	2,126,340	-	2,126,340	-	2,126,340	2,236,491	(110,151)
2.0.2 On Call Programs	80,700	-	80,700	-	80,700	79,870	830
2.0.3 Physician Office System Program	34,100	-	34,100	-	34,100	12,600	21,500
2.0.4 Primary Care	92,000	-	92,000	-	92,000	98,850	(6,850)
2.0.5 Clinical Stabilization Initiative	38,000	-	38,000	-	38,000	89,288	(51,288)
2.0.6 Academic Alternate Relationship Plans	129,400	-	129,400	-	129,400	71,983	57,417
2.0.7 Rural Physician Action Plan	8,684	-	8,684	-	8,684	8,984	(300)
Total Physician Services	2,509,224	-	2,509,224	-	2,509,224	2,598,066	(88,842)

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2009
(in thousands)

Voted Expenses, Equipment/Inventory Purchases and Capital Investment:	2008/2009 Estimates	Adjustments [a]	2008/2009 Budget	Authorized Supplementary [b]	2008/2009 Authorized Budget	2008/2009 Actual [c]	Unexpended / (Over Expended)
Provincial Programs							
3.0.1 Supplementary Health Benefits	748,851	-	748,851	-	748,851	675,829	73,022
3.0.2 Allied Health Services	98,126	-	98,126	-	98,126	92,647	5,479
3.0.3 Human Tissue and Blood Services							
- Expense	52,000	-	52,000	-	52,000	58,848	(6,848)
- Expense funded by Lotteries	90,000	-	90,000	-	90,000	90,000	-
3.0.4 Air Ambulance Services	37,911	-	37,911	-	37,911	36,942	969
3.0.5 Municipal Ambulance Program	55,000	-	55,000	-	55,000	55,001	(1)
3.0.6 Out-of-Province Health Care Services	71,676	-	71,676	-	71,676	90,809	(19,133)
3.0.7 Health Information Systems							
- Expense	107,607	-	107,607	(19,800)	87,807	51,835	35,972
- Equipment / Inventory Purchases	19,200	-	19,200	-	19,200	10,500	8,700
- Capital Investment	10,800	12,669	23,469	-	23,469	20,035	3,434
3.0.8 Health Services Research	3,785	-	3,785	-	3,785	3,535	250
3.0.9 Support to the Health Quality Council of Alberta	4,026	-	4,026	-	4,026	4,026	-
3.0.10 Academic Health Centres	20,751	-	20,751	-	20,751	20,751	-
3.0.11 Medical Resident Allowances	87,380	-	87,380	-	87,380	87,396	(16)
3.0.12 Continuing Care Initiatives	40,800	-	40,800	-	40,800	40,226	574
3.0.13 Patient Wait Times Guarantee	30,977	-	30,977	-	30,977	30,977	-
3.0.14 Crime Reduction and Safe Communities	29,060	-	29,060	-	29,060	14,103	14,957
3.0.15 Support Programs	362,345	-	362,345	-	362,345	85,433	276,912
Total Provincial Programs	1,870,295	12,669	1,882,964	(19,800)	1,863,164	1,468,893	394,271

Schedule 5 (continued)

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparision of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2009
(in thousands)

Voted Expenses, Equipment/Inventory Purchases and Capital Investment:	2008/2009 Estimates	Adjustments [a]	2008/2009 Budget	Authorized Supplementary [b]	2008/2009 Authorized Budget	2008/2009 Actual [c]	Unexpended / (Over Expended)
Protection, Promotion, and Prevention							
4.0.1 Vaccines and Sera							
- Expense	39,402	-	39,402	-	39,402	36,216	3,186
- Equipment / Inventory Purchases	40,100	-	40,100	-	40,100	38,935	1,165
4.0.2 Public Health Laboratories	32,934	-	32,934	-	32,934	28,937	3,997
4.0.3 Aboriginal Health Strategies	1,700	-	1,700	-	1,700	753	947
4.0.4 Community-Based Health Services							
- Expense	53,513	-	53,513	-	53,513	28,819	24,694
- Expense funded by Lotteries	30,000	-	30,000	-	30,000	30,000	-
Total Protection, Promotion and Prevention	197,649	-	197,649	-	197,649	163,660	33,989
Health Authority Services							
5.0.1 Chinook Regional Health Authority	304,009	-	304,009	-	304,009	304,009	-
5.0.2 Palliser Health Region	171,860	-	171,860	-	171,860	171,860	-
5.0.3 Calgary Health Region	2,387,420	-	2,387,420	-	2,387,420	2,385,377	2,043
5.0.4 David Thompson Regional Health Authority	549,494	-	549,494	-	549,494	549,494	-
5.0.5 East Central Health	225,552	-	225,552	-	225,552	235,552	(10,000)
5.0.6 Capital Health	2,496,599	-	2,496,599	-	2,496,599	2,496,599	-
5.0.7 Aspen Regional Health Authority	239,541	-	239,541	-	239,541	229,542	9,999
5.0.8 Peace Country Health	234,093	-	234,093	-	234,093	234,093	-
5.0.9 Northern Lights Health Region	147,817	-	147,817	-	147,817	147,817	-
5.0.10 Alberta Mental Health Board	61,511	-	61,511	-	61,511	61,363	148
5.0.11 Alberta Cancer Board	294,185	-	294,185	-	294,185	294,186	(1)
5.0.12 One-Time Financial Assistance	-	-	-	177,000	177,000	377,000	(200,000)
5.0.13 Mental Health Innovation	25,000	-	25,000	-	25,000	-	25,000
Total Health Authority Services	7,137,081	-	7,137,081	177,000	7,314,081	7,486,892	(172,811)

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2009
(in thousands)

Voted Expenses, Equipment/Inventory Purchases and Capital Investment:	2008/2009 Estimates	Adjustments [a]	2008/2009 Budget	Authorized Supplementary [b]	2008/2009 Authorized Budget	2008/2009 Actual [c]	Unexpended / (Over Expended)
Assistance to Alberta Alcohol and Drug Abuse Commission							
6.0.1 Base Operating Funds							
- Expense	-	-	-	-	-	4,650	(4,650)
- Expense funded by Lotteries	90,495	-	90,495	-	90,495	90,495	-
6.0.2 Alberta Tobacco Reduction Strategy							
- Expense	9,100	-	9,100	-	9,100	9,100	-
Total Assistance To Alberta Alcohol and Drug Abuse Commission	99,595	-	99,595	-	99,595	104,245	(4,650)
Infrastructure Support							
7.0.1 Health Facilities Infrastructure							
- Expense	1,185,503	2,050	1,187,553	-	1,187,553	807,907	379,646
- Expense funded by Lotteries	50,000	-	50,000	-	50,000	50,000	-
Total Infrastructure Support	1,235,503	2,050	1,237,553	-	1,237,553	857,907	379,646
Dedicated Revenue Shortfall (Schedule 2)	-	(9,963)	(9,963)	-	(9,963)	-	(9,963)
Total Voted	$ 13,228,248	$ 4,756	$ 13,233,004	$ 157,200	$ 13,390,204	$ 12,851,080	$ 539,124
Expense	12,897,653	(7,913)	12,889,740	157,200	13,046,940	12,520,504	526,436
Expense funded by lotteries	260,495	-	260,495	-	260,495	260,495	-
	13,158,148	(7,913)	13,150,235	157,200	13,307,435	12,780,999	526,436
Equipment/Inventory Purchases	59,300	-	59,300	-	59,300	50,046	9,254
	13,217,448	(7,913)	13,209,535	157,200	13,366,735	12,831,045	535,690
Capital Investment	10,800	12,669	23,469	-	23,469	20,035	3,434
Total Voted - Expenses, Equipment/Inventory Purchases & Capital Investment	$ 13,228,248	$ 4,756	$ 13,233,004	$ 157,200	$ 13,390,204	$ 12,851,080	$ 539,124

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2009
(in thousands)

Voted Expenses, Equipment / Inventory Purchases and Capital Investment:	2008/2009 Estimates	Adjustments [a]	2008/2009 Budget	Authorized Supplementary [b]	2008/2009 Authorized Budget	2008/2009 Actual [c]	Unexpended / (Over Expended)
Statutory Expenses:							
Cancer Research and Prevention Investment	$ 25,000	$ -	$ 25,000	$ -	$ 25,000	$ 19,257	$ 5,743
Valuation Adjustments							
Health Care Insurance Premium Revenue Write-Offs	42,363	-	42,363	-	$ 42,363	82,258	$ (39,895)
Other Write-Offs	-	-	-	-	-	272	$ (272)
Provision for Vacation Pay	-	-	-	-	-	533	$ (533)
Total Statutory Expenses and Valuation Adjustments	$ 67,363	$ -	$ 67,363	$ -	$ 67,363	$ 102,320	$ (34,957)

[a] Adjustments include encumbrances and dedicated revenue shortfalls. The increase is as a result of transfers of $450 and $1,600 for emerging capital purposes from the Department of Infrastructure pursuant to section 5(1)(a) of the Appropriation Act, 2008 and an approved capital carry-over from 2007/2008 unused appropriation of $12,669 pursuant to section 28.1 of the Financial Administration Act, 2008.

[b] Supplementary estimates were approved on December 4, 2008. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act*.

[c] Includes achievement bonus of $2,000.

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2009
(in dollars)

	2009				2008
	Base Salary [1]	Other Cash Benefits [2]	Other Non-cash Benefits [3]	Total	Total
Deputy Minister [4][5]	$ 240,411	191,450	56,376	488,237	$ 396,010
Executives - Assistant Deputy Ministers					
Information Strategic Services [6]	140,935	16,144	33,363	190,442	206,617
Public Health	159,036	22,345	39,118	220,499	191,686
Health Workforce	177,828	30,275	43,808	251,911	222,554
Program Services [7]	156,270	26,765	37,564	220,599	203,544
Strategic Directions [8]	172,382	30,275	43,058	245,715	237,714
Health System Development [9]	123,344	21,631	29,485	174,460	-
Corporate Operations [10]	220,152	14,953	7,657	242,762	238,903
Executives - Other					
Executive Director, Human Resources	145,572	20,453	37,566	203,591	196,457

Prepared in accordance with Treasury Board Directive 12/98 as amended

[1] Base Salary includes pensionable base pay.

[2] Other cash benefits include bonuses, vacation payments, overtime and lump sum payments.

[3] Other non-cash benefits include government's share of all employee benefits and contributions or payments made on behalf of employees including pension and supplementary retirement plan, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships and tuition fees.

[4] Automobile provided to previous incumbent, no dollar amount is included in other non-cash benefits.

[5] This position was occupied by two individuals during the year. The previous incumbent was Deputy Minister until July 7, 2008. The current incumbent was in an acting capacity effective July 8,2008 and became Deputy Minister effective December 9, 2008.

[6] This position was occupied by two individuals during the year. The previous incumbent was the ADM until July 7, 2008. The current incumbent is in an acting capacity effective July 8, 2008.

[7] The current incumbent is in an acting capacity effective July 23, 2007.

[8] This position was occupied by two individuals during the year. The previous incumbent was in an acting capacity until June 15, 2008. The current incumbent became the ADM of Strategic Directions effective June 16, 2008.

[9] This is a new division created during the year. The current incumbent became the ADM of Health System Development effective June 16, 2008.

[10] The current incumbent is in an acting capacity effective March 14, 2008. The incumbent is on secondment to the Department of Health and Wellness and cost of salary and benefits are provided by the Department of Justice and Attorney General.

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Province of Alberta's financial statements. Related parties also include management in the department. Entities in the Ministry include the Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission and the Health Quality Council of Alberta.

The Department and its employees paid or collected certain taxes and fees set by regulation for permits, licences and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

The Department had the following transactions with related parties recorded on the Statements of Operations and Financial Position at the amounts of consideration agreed upon between the related parties.

	Entities in the Ministry		Other Entities	
	2009	2008	2009	2008 (Restated-Note 3)
Revenues				
Grants	$ -	$ -	$ 279,752	$ 304,497
Other	902	189	883	65
	$ 902	$ 189	$ 280,635	$ 304,562
Expenses - Directly Incurred				
Grants	$ 8,937,901	$ 8,507,062	$ 54,883	$ 48,992
Other Services	685	439	6,894	6,882
	$ 8,938,586	$ 8,507,501	$ 61,777	$ 55,874
Receivable from	$ 3,501	$ 538	$ 11	$ 5
Payable to	$ 44,422	$ 500,188	$ 562	$ 3,332

The Department also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related party transactions are estimated based on the costs incurred by the service provider to provide the service. These amounts are not recorded in the financial statements but are disclosed in Schedule 8.

	Entities in the Ministry		Other Entities	
	2009	2008	2009	2008 (Restated-Note 3)
Expenses - Incurred by Others				
Accommodation	$ -	$ -	$ 9,103	$ 5,815
Legal	-	-	2,954	2,595
Other	-	-	6,981	6,540
	$ -	$ -	$ 19,038	$ 14,950

Schedule 8

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	2009									2008 (Restated - Note 3)
		Expenses - Incurred by Others			Statutory	Valuation Adjustments				
	Expenses [1]	Accommodation Costs [2]	Legal Services [3]	Other	Cancer Research & Prevention Investment	Health Care Insurance Premium Revenue Write-Offs	Other Write-Offs	Vacation Pay	Total	Total
Ministry Support Services	$ 170,806	$ 9,103	$ 2,954	$ 6,981	$ -	$ -	$ -	$ 533	$ 190,377	$ 164,398
Physician Services	2,598,066	-	-	-	-	-	-	-	2,598,066	2,279,914
Provincial Programs	1,438,358	-	-	-	-	-	-	-	1,438,358	1,403,887
Protection, Promotion and Prevention	124,725	-	-	-	-	-	-	-	124,725	223,061
Health Authority Services	7,486,892	-	-	-	-	-	-	-	7,486,892	6,681,309
Assistance to Alberta Alcohol and Drug Abuse Commission	104,245	-	-	-	-	-	-	-	104,245	95,397
Infrastructure Support	857,907	-	-	-	-	-	-	-	857,907	1,143,005
Health Care Insurance Premium Revenue Write-Offs [4]	-	-	-	-	-	82,258	-	-	82,258	57,698
Cancer Research and Prevention Investment	-	-	-	-	19,257	-	-	-	19,257	25,000
Other Write-Offs	-	-	-	-	-	-	272	-	272	786
	$12,780,999	$ 9,103	$ 2,954	$ 6,981	$ 19,257	$ 82,258	$ 272	$ 533	$12,902,357	$12,074,455

[1] Expenses - Directly Incurred as per Statement of Operations, excluding valuation adjustments.

[2] Costs shown for Accommodation (includes grants in lieu of taxes) on Schedule 7.

[3] Costs shown for Legal Services on Schedule 7.

[4] Health Care Insurance Premium Revenue Write-Offs relate to Premiums and Fees revenue.

Financial Information

Alberta Alcohol and Drug Abuse Commission

Financial Statements

Year [illegible]

ALBERTA ALCOHOL AND DRUG

ABUSE COMMISSION

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2009

Statement of Management Responsibility

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Cash Flows

Notes to the Financial Statements

Schedule of Revenues - Schedule 1

Schedule of Expenses by Object and Core Business – Schedule 2

Schedule of Allocated Costs – Schedule 3

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING
FINANCIAL STATEMENTS
MARCH 31, 2009

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the financial directives issued by Alberta Health and Wellness, and of necessity include some amounts based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards, procedures, a formal authorization structure, and satisfactory processes to review internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The Commission members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the financial statements to the Alberta Health Services Board for approval upon finalization of the audit. The Auditor General of Alberta has free access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and procedures which allow him to report on the fairness of the financial statements prepared by management.

[Original signed]

Dr. Stephen Duckett
Chief Executive Officer
Alberta Health Services

[Original signed]

Chris Mazurkewich
Chief Financial Officer
Alberta Health Services

[Original signed]

Barry Andres
Acting Chief Executive Officer
Alberta Alcohol and Drug Abuse Commission

[Original signed]

Christine Oness
Senior Financial Officer
Alberta Alcohol and Drug Abuse Commission

AUDITOR GENERAL *Alberta*

Auditor's Report

To the Members of the Alberta Health Services Board
and the Minister of Health and Wellness

I have audited the statement of financial position of the Alberta Alcohol and Drug Abuse Commission (the Commission) as at March 31, 2009 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original signed by Fred J. Dunn]
FCA
Auditor General

Edmonton, Alberta
June 11, 2009

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2009

(In thousands)

	2009	2008
ASSETS		
Current Assets:		
Cash and cash equivalents (Note 3)	$ 24,161	$ 21,780
Accounts receivable	1,093	1,054
Inventory	-	420
Prepaid expenses	182	109
	25,436	23,363
Tangible Capital Assets (Note 4)	1,645	786
	$ 27,081	$ 24,149
LIABILITIES AND ACCUMULATED SURPLUS		
Current Liabilities:		
Accounts payable and accrued liabilities	$ 5,083	$ 9,350
Accrued vacation pay	5,342	5,142
Deferred contributions (Note 7)	341	315
Unearned revenue	16	563
	10,782	15,370
Accumulated Surplus:		
At beginning of year	8,779	6,567
Net operating results	7,520	2,212
At end of year	16,299	8,779
	$ 27,081	$ 24,149

The accompanying notes and schedules are part of these financial statements.

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2009

(In thousands)

	2009 Budget (Note 9)	2009 Actual	2008 Actual
Revenues (Schedule 1):			
Internal government transfers:			
Department of Health and Wellness	$ 99,595	$ 104,245	$ 95,397
Fees	1,538	2,051	1,428
Investment income	888	1,052	1,307
Other	2,100	2,349	1,587
	104,121	109,697	99,719
Expenses – Directly Incurred: (Schedule 2 and 3, Note 2 (b))			
Programs:			
Adult Residential and Special Services	40,632	38,940	37,246
Outpatient, Prevention and Youth Services	42,174	47,496	42,320
Research, Information and Monitoring	14,743	12,504	12,559
Administration	6,572	3,237	5,382
	104,121	102,177	97,507
Net operating results	$ -	$ 7,520	$ 2,212

The accompanying notes and schedules are part of these financial statements.

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2009

(In thousands)

	2009	2008
Operating transactions:		
Net operating results	$ 7,520	$ 2,212
Add non-cash charges:		
Amortization of capital assets	339	374
	7,859	2,586
Increase (decrease) in non-cash working capital	(4,280)	3,333
Cash provided by operating transactions	3,579	5,919
Capital transactions:		
Acquisition of tangible capital assets	(1,198)	(261)
Increase in cash and cash equivalents	2,381	5,658
Cash and cash equivalents at beginning of year	21,780	16,122
Cash and cash equivalents at end of year	$ 24,161	$ 21,780

The accompanying notes and schedules are part of these financial statements.

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2009

Note 1 AUTHORITY AND PURPOSE

The Alberta Alcohol and Drug Abuse Commission (Commission) is an agent of the Crown under the authority of the *Alcohol and Drug Abuse Act, Chapter A-38*, Revised Statutes of Alberta 2000. The Commission is dependent on grants from the Department of Health and Wellness for funding its programs and for meeting its obligations as they become due.

The Commission's purpose is to assist Albertans in achieving a life free from the harmful effects of alcohol, other drugs, tobacco and gambling problems. The Commission does this by providing community-based information, prevention and treatment services.

The Commission is a Government of Alberta agency and is not subject to Canadian taxes.

Note 2 SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES

Those financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles for the public sector as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (PSAB). The PSAB financial presentation standard for government summary financial statements has been modified to more appropriately reflect the nature of the Commission.

(a) Revenue Recognition

All revenues are reported on the accrual basis of accounting. Cash received for which goods or services have not been provided by year end is recorded as unearned revenue.

Operating grants from the Department are recognized as revenue when they are receivable.

Unrestricted donations are recognized as revenue when they are received. Donations of materials and services that would otherwise have been purchased are recorded at fair value when it can reasonably be determined.

Externally restricted donations are deferred and are recognized as revenue in the period in which the related expenses are incurred.

Note 2 **SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES (continued)**

(b) Expenses

Directly Incurred

Directly incurred expenses are those costs the Commission has primary responsibility and accountability for, as reflected in the government's budget documents.

Directly incurred expenses are included on Schedules 2 and 3, as well as the Statement of Operations.

Incurred by Others

Services contributed by other entities in support of the Commission's operations are disclosed in Schedule 3.

(c) Inventory

Inventory is valued at the lower of cost and net realizable value with cost being determined principally on a first-in, first-out basis.

(d) Tangible Capital Assets

Tangible capital assets are recorded at cost net of accumulated amortization. The threshold for capitalizing assets is $5,000. Amortization is provided over the estimated useful lives of the assets as follows:

Furniture and equipment	- 10 years straight-line
Computer hardware and software	- 3 years straight-line

(e) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities and accrued vacation pay are estimated to approximate their book values. Subsequent actual amounts, which may vary from estimates, will impact future financial results.

Note 2 **SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES (continued)**

(f) Financial Instruments

The Commission's financial instruments consist of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities and accrued vacation pay. Unless otherwise noted, it is management's opinion that the Commission is not exposed to significant interest, currency or credit risks arising from these financial instruments.

(g) Measurement Uncertainty

Measurement uncertainty exists when there is variance between the recognized or disclosed amount and another reasonably possible amount. Allowance for doubtful account ($30) and amortization ($339) recorded in these financial statements, are subject to measurement uncertainty. While best estimate have been used in reporting allowance for doubtful account and amortization, management considers that it is possible that conditions in the near term could require further change to the recognized amounts. Differences between actual results and expectations are adjusted in the period when the actual values are known.

Note 3 **CASH AND CASH EQUIVALENTS**
(In thousands)

Cash and cash equivalents consist of deposits in the Consolidated Cash Investment Trust Fund (CCITF Fund) of the Province of Alberta. The Fund is managed with the objective of providing competitive interest income to depositors while maintaining appropriate security and liquidity of depositors' capital. The portfolio is comprised of high quality short-term and mid-term fixed income securities with a maximum term to maturity of three years. As at March 31, 2009, securities held by the Fund have a time-weighted return of 3% per annum (March 31, 2008: 4.50% per annum).

Interest is earned on the Commission's daily cash balance at the average rate of the Fund's earnings, which vary depending on prevailing market interest rates. The Commission retains the interest earned on all of its bank accounts, and reflects it as income. Interest income of $1,052 (2008 $1,307) was earned during the year on this account and is reflected in the financial statements.

Note 4 **TANGIBLE CAPITAL ASSETS**
(In thousands)

	Equipment	Computer Hardware and Software	2009 Total	2008 Total
Estimated Useful Life	10 Years	3 Years		
Beginning of year	$ 423	$ 1,700	$ 2,123	$ 1,862
Additions	11	1,187	1,198	261
	$ 434	$ 2,887	$ 3,321	$ 2,123
Accumulated Amortization				
Beginning of year	$ 211	$ 1,126	$ 1,337	$ 963
Amortization expense	34	305	339	374
	$ 245	$ 1,431	$ 1,676	$ 1,337
Net Book Value at March 31,2009	$ 189	$ 1,456	$ 1,645	
Net Book Value at March 31,2008	$ 212	$ 574		$ 786

Note 5 **CONTRACTUAL OBLIGATIONS**
(In thousands)

(a) The Commission leases certain vehicles and equipment under operating leases that expire on various dates through to March 31, 2013. The aggregate amounts payable for the unexpired terms of these leases are as follows:

2010	$ 192
2011	$ 69
2012	$ 6
2013	$ 2

(b) The Commission has some service contractual obligations, which extend into 2010. The value of these contractual obligations is $1,652.

Note 6 **CONTINGENT LIABILITIES**
(In thousands)

At March 31, 2009, the Commission is a defendant in three legal claims totaling $614 (2008- three claims $614). The specified amount of one claim is $285. The resulting loss, if any, from this one claim cannot be determined. The losses on the other two claims are estimated at $329 and have been recorded in the financial statements.

Note 7 **DEFERRED CONTRIBUTIONS**
(In thousands)

Deferred contributions consist of unexpended funds from donations to the Memorial Trust Fund. These are externally restricted contributions to be used to supplement the work of the Commission in the areas of research and education and to acquire capital assets. Changes in deferred contributions are as follows:

	2009	2008
Donations	$ 16	$ 7
Interest Earned	10	12
Increase during the year	$ 26	$ 19
Balance at beginning of year	315	296
Balance at end of year	$ 341	$ 315

Note 8 DEFINED BENEFIT PLANS
(In thousands)

The Commission participates in the multi-employer pension plans, Management Employee Pension Plan and Public Service Pension Plan. The Commission also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $3,860 for the year ended March 31, 2009 (2008 – $3,459) and is reflected in Employer Contributions on Schedule 2.

At December 31, 2008, the Management Employees Pension Plan reported a deficiency of $568,574 (2007 deficiency $84,341) and the Public Service Pension Plan reported a deficiency of $1,187,538 (2007 deficiency $92,509 as restated). At December 31, 2008, the Supplementary Retirement Plan for Public Service Managers had a deficiency of $7,111 (2007 surplus $1,510).

Alberta Health Services (AHS) has approved an additional expense to transfer employees' service from the Public Service Pension Plan to the Local Authorities Pension Plan effective April 1, 2009. The additional expense is estimated at $1.7 million and is recorded in the financial statements of East Central Health.

Note 9 APPROVALS

(a) Budget

The budget amounts shown on the Statement of Operations agree with the 2008/09 Government Estimates. The budget amounts shown on Schedules 1 and 2 provide additional revenue information and present expenses by object. The Commission board members approved these budgets on April 22, 2008.

(b) Financial Statements

These financial statements were approved on June 11, 2009 by the Alberta Health Services Board.

Note 10 **RELATED PARTY TRANSACTIONS**
(In thousands)

Related parties are those entities consolidated in the Province of Alberta's financial statements. Related parties also include management in the Commission.
For purposes of this schedule, the related parties are separated into "Entities in the Ministry" which includes the Department of Health and Wellness, Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta, and "Other Entities".

The Commission and its employees paid and collected certain fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this note.

The Commission had the following transactions with related parties recorded on the Statement of Operations and the Statement of Financial Position at the amount of consideration agreed upon between related parties.

	Entities in the Ministry		Other Entities	
	2009	2008	2009	2008
Revenues:				
Grants	$ 104,245	$ 95,397	$ -	$ -
Fees & charges	818	872	191	399
	$ 105,063	$ 96,269	$ 191	$ 399
Expenses:				
Other services	$ 1,677	$ 1,930	$ 545	$ 782
Receivables from	$ 185	$ 277	$ 623	$ 607
Payables to	$ 2,337	$ 628	$ 48	$ 228

The Commission also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related parties are estimated based on the costs incurred by the service provider to provide the services. These amounts are not recorded in the financial statements and are disclosed on Schedule 3.

	Entities in the Ministry		Other Entities	
	2009	2008	2009	2008
Expenses:				
Legal fees	$ -	$ -	$ 104	$ 167
Other	-	-	138	213
Accommodation	-	-	10,599	9,962
	$ -	$ -	$ 10,841	$ 10,342

Note 11 SALARIES AND BENEFITS DISCLOSURE

(In thousands)

	2009					2008
	Base Salary[a]	Other Cash Benefits[b]	Other Non-cash Benefits[c]	Severance[d]	Total	Total
Board Chair[e]						
Ken Hughes - AHS	$ -	$ -	$ -	$ -	$ -	$ -
Harvey Cenaiko	-	-	-	-	-	16
Board Members[e]						
Jack Ady - AHS	-	-	-	-	-	-
Pierre Crevolin - AHS	-	-	-	-	-	-
Catherine Roozen - AHS	-	-	-	-	-	-
Linda Hohol - AHS	-	-	-	-	-	-
John Lehners - AHS	-	-	-	-	-	-
Irene Lewis - AHS	-	-	-	-	-	-
Don Sieben - AHS	-	-	-	-	-	-
Lori Andreachuk - AHS	-	-	-	-	-	-
Gord Bontoje - AHS	-	-	-	-	-	-
Teri Lynn Bougie	-	-	-	-	-	-
Jim Clifford - AHS	-	-	-	-	-	-
Strater Crowfoot - AHS	-	-	-	-	-	-
Tony Franceschini - AHS	-	-	-	-	-	-
Andrea Laupacis - AHS	-	-	-	-	-	-
Gord Winkel - AHS	-	-	-	-	-	-
Jack Laverick	-	2	-	-	2	9
Jane Finlay	-	1	-	-	1	5
Judy Roschlauby	-	3	-	-	3	9
Deborah Lloyd	-	2	-	-	2	9
Allen Dietz	-	-	-	-	-	3
Jane Cowanlock	-	-	-	-	-	8
Ed Johnson	-	-	-	-	-	6
Joseph Rodgers	-	-	-	-	-	2
Duncan Stewart	-	-	-	-	-	6
President & Chief Executive Officer – AHS[m]	-	-	-	-	-	-
Interim President & Chief Executive Officer – AHS[m]	-	-	-	-	-	-
Chief Executive Officer[f,g]	126	-	27	-	153	172
President & Chief Executive Officer[f]	-	-	-	-	-	117
Acting Chief Executive Officer[g,k,n]	168	32	42	-	242	-
Acting Vice President[f,l,n]	140	23	36	-	199	-
Vice President, Community Services Division[j]	130	44	34	-	208	207
Vice President, Corporate Services Division[k]	-	-	-	-	-	116
Vice President, Provincial Services Division[l]	26	1	6	97	130	194

Note 11 **SALARIES AND BENEFITS DISCLOSURE (continued)**
(In thousands)

Prepared in accordance with Treasury Board Directive 12/98 as amended

(a) Base salary includes pensionable base pay. Salaries disclosed are for members of the senior decision making group.

(b) Other cash benefits include bonuses, vacation payments, overtime, lump sum payments and honoraria.

(c) Other non-cash benefits include the Commission's share of all employee benefits and contributions or payments made on behalf of employees including pension, supplementary retirement plans, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships, tuition and conference fees.

(d) Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.

(e) On May 15, 2008, the Commission's board, along with the other regional health authority boards, was replaced by the Alberta Health Services ('AHS') interim board. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries & benefits of the AHS board members are reported and disclosed in the financial statements of East central Health.

(f) The President & Chief Executive Officer vacated his position in July 2007; the position was retitled to Chief Executive Officer and was filled through secondment from Alberta Health & Wellness in June 2007.

(g) The Chief Executive Officer position was seconded to the Commission from Alberta Health & Wellness in June 2007. This individual then was seconded to AHS in December 2008 and replaced by the Vice President Community Services in an Acting Chief Executive Officer capacity. Salaries & benefits reflected are for the period April 2008 – November 2008.

(h) The Acting Chief Executive Officer assumed his role in December 2008. The vacated Vice President Community position was filled by an existing executive staff member. Salaries & benefits are reflected for the entire fiscal year.

(i) The Acting Vice President assumed responsibilities for the Community Services Division in May 2008 and the Provincial Services Division in February 2009. Salaries & benefits are reflected for the entire fiscal year.

(j) The Vice President, Community Services Division vacated the position in February 2009.

(k) The Vice President, Corporate Services Division vacated the position in November 2007. The CEO and subsequently the Acting CEO assumed responsibilities for the Corporate Services Division.

(l) The Vice President, Provincial Services Division vacated the position in May 2008; severance is not related to Alberta Health Services (AHS) transition. The currently Acting Vice President Community and Provincial Services assumed this position from May 2008 until January 2009.

(m) The Interim CEO – AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and the Commission and to effect their transition to a single provincial health authority. The President & CEO – AHS was appointed effective March 23, 2009. Salary and benefits of the Interim CEO – AHS and President and CEO – AHS are reported and disclosed in the financial statements of East Central Health.

Note 12 NEW GOVERNANCE STRUCTURE

On May 15, 2008 the Minister of Health and Wellness restructured the governance model of health services delivery in Alberta. A single common board replaced the board members of each of Alberta's nine Regional Health Authority Boards, Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission (AADAC). Effective April 1, 2009, all of these entities including the Commission but excluding East Central Health will be disestablished and all the assets, liabilities, rights and obligations of these entities, including the Commission, will be assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

Note 13 TRANSITION AND RESTRUCTURING EXPENSES

(In thousands)

As at March 31, 2009, the Commission recorded incremental transition and restructuring expenses, related to the transition to Alberta Health Services. Costs incurred related to transition and restructuring are for integration and transition contracts. These costs were recorded as related party receivable from East Central Health.

	Severance Related	Other	Total
Liability as at March 31, 2008	$ -	$ -	$ -
Expenses	-	181	181
Payments made during the year	-	(181)	(181)
Liability as at March 31, 2009	-	-	-

East Central Health received $80 million in funding from Alberta Health and Wellness for the transition costs incurred as described above.

Schedule 1

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF REVENUES

FOR THE YEAR ENDED MARCH 31, 2009

(In thousands)

	2009		2008
	Budget	Actual	Actual
Internal government transfers:			
Department of Health and Wellness	$ 99,595	$ 104,245	$ 95,397
Premiums, Fees and Licenses:			
Fees:			
Clients	1,538	2,051	1,428
Investment Income (Note 3)	888	1,052	1,307
Other Revenue:			
Donations	-	16	12
Publications	40	21	28
Miscellaneous - Contracted services	2,018	1,647	1,475
- Sundry & miscellaneous at residential sites	42	154	72
- Other miscellaneous revenues	-	511	-
	2,100	2,349	1,587
Total Revenues	$ 104,121	$ 109,697	$ 99,719

Schedule 2

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS

FOR THE YEAR ENDED MARCH 31, 2009

(In thousands)

	2009		2008
EXPENSES BY OBJECT	Budget	Actual	Actual
Manpower:			
Salaries	$ 46,564	$ 44,874	$ 40,858
Employer contributions	8,711	8,452	8,051
Wages	4,004	5,584	4,924
Allowances and benefits	1,110	1,403	2,067
Provision for vacation pay	-	200	367
	60,389	60,513	56,267
Grants:			
Direct financial assistance to agencies	18,597	21,878	21,597
Other:			
Professional, technical, and labor service	17,368	13,858	13,560
Materials and supplies	3,539	2,220	2,202
Travel and relocation	1,869	1,552	1,513
Telephone	534	568	533
Rental	446	403	392
Amortization	173	339	374
Purchased services – other	641	159	161
Advertising	85	129	124
Purchased services - shared	120	116	-
Voluntary departation payments	-	97	352
Hosting	98	89	87
Insurance	84	84	82
Freight & postage	94	61	69
Repair and maintenance	66	60	101
Bad debts	-	42	19
Board member's fees	-	8	57
Other operating expenses	18	1	17
	25,135	19,786	19,643
	$ 104,121	$ 102,177	$ 97,507

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS

FOR THE YEAR ENDED MARCH 31, 2009

(In thousands)

	2009		2008
EXPENSES BY CORE BUSINESS	**Budget**	**Actual**	**Actual**
Core Business:			
Treatment	$ 68,072	$ 65,612	$ 64,041
Information	21,520	21,006	20,449
Prevention	14,529	15,559	13,017
	$ 104,121	$ 102,177	$ 97,507

Schedule 3

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF ALLOCATED COSTS

FOR THE YEAR ENDED MARCH 31, 2009

(In thousands)

	2009					2008
		Expenses Incurred by Others				
	Expenses [a]	Legal Fees [b]	Others [c]	Accommodation costs [d]	Total Expenses	Total Expenses
Programs:						
Adult Residential & Special Services	$ 38,940	$ -	-	$ 4,938	$ 43,878	$ 42,576
Outpatient, Prevention and Youth Services	47,496	-	-	5,526	53,022	46,817
Research, Information & Monitoring	12,504	-	-	-	12,504	12,559
Administration	3,237	104	138	135	3,614	5,897
	$ 102,177	$ 104	$ 138	$ 10,599	$ 113,018	$ 107,849

[a] Expenses – directly incurred as per Statement of Operations including accrued vacation pay adjustment.

[b] Cost shown for Legal Services in Note 10, allocated by estimated cost incurred by each program.

[c] Cost shown for others in Note 10 includes $138 estimated cost unbilled by Service Alberta.

[d] Costs shown for Accommodation (includes grants in lieu of taxes) in Note 10, allocated by square footage.

Unaudited Information

Ministry of Health and Wellness

MINISTRY OF HEALTH AND WELLNESS

STATEMENT OF REMISSIONS, COMPROMISES AND WRITE-OFFS

FOR THE YEAR ENDED MARCH 31, 2009

(UNAUDITED)
(in thousands)

	2009	2008
Remissions:		
Third Party Recoveries	$ 0	$ 664
Compromises:		
Health Care Insurance Premiums	392	493
Write-offs:		
Health Care Insurance Premiums	231,030	46,161
Medical Claim Recoveries	2,232	1,955
Penalties, Interest and Miscellaneous Charges	1,521	1,388
Total Remissions, Compromises and Write-offs	$ 235,175	$ 50,661

The above statement has been prepared pursuant to Section 23 of the *Financial Administration Act*. The statement includes all remissions, compromises and write-offs made or approved during the fiscal year.

Health Authority 2008/2009 Financial Statement Highlights

Health Authority financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles (GAAP) and Alberta Health and Wellness' Financial Directives.

This section, compiled from the health authorities' audited financial statements, highlights the financial results of the nine regional health authorities, the Alberta Mental Health Board, the Alberta Cancer Board and the Health Quality Council of Alberta for the fiscal year ended March 31, 2009.

Operating Results

- For fiscal year 2008/2009 the health authorities reported a total operating deficit of $161 million. This compares to a prior year deficit of $52 million. Of the 12 health authorities, 10 reported total deficits of $188 million and two reported total surpluses of $27 million.
- Total 2008/2009 expenditures were $9.8 billion, compared to $8.6 billion in the prior year – a 14.4 per cent increase overall, of which 6.7 per cent related to salaries and benefits. A total of 62,412 full time equivalents were employed by the health authorities in the year.
- Total administration costs in 2008/2009 were $348 million, or 3.6 per cent of health authority expenditures. This compares to total administration costs in 2007/2008 of $301 million, or 3.5 percent of health authority expenditures.

Financial Position

- The health authorities reported total net assets and endowments of $305 million as at March 31, 2009, a decrease of $201 million from the prior year.
- Total health authority long-term debt at March 31, 2009 was $191 million, an increase of $43 million from $148 million at March 31, 2008. No health authorities have exceeded their authorized borrowing limits.
- The health authorities reported total capital assets of $5.5 billion at March 31, 2009, up from $4.8 billion in the prior year.

Additional Information

- Copies of the health authorities' audited financial statements form Section II of the ministry Annual Report.

HEALTH AUTHORITY SUMMARY
ANALYSIS OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	2008/2009 BUDGET	2008/2009 ACTUAL	% OF TOTAL	2007/2008 ACTUAL	% OF TOTAL	CHANGES FROM 2007/2008 $	%
REVENUE							
Alberta Health and Wellness contributions	7,655,288	8,124,842	84.2%	7,144,297	83.9%	980,545	13.7%
Other government contributions	99,124	173,545	1.8%	113,335	1.3%	60,210	53.1%
Fees and charges	525,447	542,366	5.7%	495,715	5.8%	46,651	9.4%
Ancillary operations	104,415	115,329	1.2%	107,754	1.3%	7,575	7.0%
Donations	18,470	24,959	0.3%	18,505	0.2%	6,454	34.9%
Research and education	67,900	58,690	0.6%	69,729	0.8%	(11,039)	(15.8%)
Investment income and other revenue	289,721	281,337	2.9%	297,451	3.5%	(16,114)	(5.4%)
Amortized external capital contributions	286,154	323,009	3.3%	268,426	3.2%	54,583	20.3%
TOTAL REVENUE	9,046,519	9,644,077	100.0%	8,515,212	100.0%	1,128,865	13.3%
EXPENSE							
Facility-based inpatient acute nursing services	2,360,841	2,421,861	24.7%	2,169,342	25.3%	252,519	11.6%
Facility-based emergency and outpatient services	1,052,674	1,095,222	11.2%	978,192	11.4%	117,030	12.0%
Facility-based continuing care services	785,629	759,204	7.7%	707,774	8.3%	51,430	7.3%
Ground ambulance discovery project	19,097	19,805	0.2%	17,856	0.2%	1,949	10.9%
Community-based care	518,498	541,496	5.5%	433,374	5.1%	108,122	24.9%
Home care	343,080	362,203	3.7%	308,424	3.6%	53,779	17.4%
Diagnostic & therapeutic services	1,694,633	1,741,377	17.7%	1,555,267	18.2%	186,110	12.0%
Promotion, prevention and protection services	312,371	298,979	3.0%	254,213	3.0%	44,766	17.6%
Research and education	255,421	217,362	2.2%	203,801	2.4%	13,561	6.7%
Administration	341,756	348,074	3.6%	301,101	3.5%	46,973	15.6%
Information technology	259,068	291,026	3.0%	219,976	2.6%	71,050	32.3%
Support services	1,372,535	1,479,951	15.1%	1,284,217	15.0%	195,734	15.2%
Amortization of facilities and improvements	134,651	162,052	1.7%	134,863	1.6%	27,189	20.2%
Capital assets write down	-	-	0.0%	(1,200)	(0.0%)	1,200	0.0%
One-time transition expenses	-	66,196	0.7%	-	0.0%	66,196	100.0%
TOTAL EXPENSE	9,450,254	9,804,808	100.0%	8,567,200	100.0%	1,237,608	14.4%
Excess (deficiency) of revenue over expense	(403,735)	(160,731)		(51,988)		(108,743)	

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY			PALLISER HEALTH REGION			CALGARY HEALTH REGION			DAVID THOMPSON REGIONAL HEALTH AUTHORITY		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	315,776	321,559	299,264	183,381	185,398	175,340	2,609,867	2,859,715	2,421,152	571,848	585,691	577,065
Other government contributions	3,479	5,885	3,967	3,505	4,660	3,284	34,605	54,666	31,631	5,047	10,377	11,673
Fees and charges	11,766	19,887	18,398	18,077	19,636	16,025	177,933	177,592	160,517	34,159	36,711	33,724
Ancillary operations	1,764	2,049	2,067	1,017	1,163	1,091	39,655	43,637	38,914	5,266	4,463	4,864
Donations	528	278	528	300	468	285	6,073	7,880	7,552	971	3,021	1,703
Research and education	-	-	-	-	-	-	-	-	-	-	-	-
Investment income and other revenue	11,903	11,002	11,325	4,005	3,138	4,955	96,405	96,323	109,870	14,187	16,553	15,036
Amortized external capital contributions	13,437	14,373	13,820	5,555	6,629	5,436	91,934	107,091	86,629	28,412	26,039	24,697
TOTAL REVENUE	358,653	375,033	349,369	215,840	221,092	206,416	3,056,472	3,346,904	2,856,265	659,890	682,855	668,762
EXPENSE												
Facility-based inpatient acute nursing services	87,740	91,298	83,264	56,683	54,184	54,099	924,104	906,516	829,500	175,207	181,006	164,659
Facility-based emergency and outpatient services	21,803	21,807	20,397	13,119	12,735	12,382	381,365	397,300	355,452	46,247	55,808	46,626
Facility-based continuing care services	39,870	40,699	35,519	26,133	25,996	23,998	224,097	227,215	205,397	73,816	74,938	69,062
Ground ambulance discovery project	-	-	-	4,397	4,789	4,405	-	-	-	-	-	-
Community-based care	33,463	38,050	29,576	7,197	7,885	6,869	186,305	194,617	167,113	34,320	34,009	29,693
Home care	20,055	22,058	18,204	9,361	10,177	9,321	118,139	117,260	105,488	24,929	25,781	21,558
Diagnostic & therapeutic services	64,938	68,721	63,019	41,752	41,672	37,631	570,835	576,074	521,254	111,596	111,340	101,271
Promotion, prevention and protection services	15,946	16,605	14,096	5,991	6,215	5,927	75,460	74,484	68,396	22,848	21,933	20,506
Research and education	-	-	-	-	-	-	49,548	49,371	42,669	629	570	644
Administration	13,997	16,615	15,436	9,413	9,923	8,653	117,379	102,471	95,477	32,113	39,130	27,637
Information technology	12,716	11,087	10,759	5,435	5,039	5,237	115,283	122,066	94,283	24,902	19,179	17,126
Support services	48,972	58,222	54,196	38,129	39,372	37,597	471,733	507,877	425,428	129,996	134,082	120,926
Amortization of facilities and improvements	8,535	8,856	8,210	3,030	3,290	2,985	44,642	63,299	44,362	16,703	16,427	16,390
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	-
One-time transition expenses	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	368,035	394,018	352,676	221,140	221,277	209,104	3,278,890	3,338,550	2,954,819	693,306	714,203	636,098
Excess (deficiency) of revenue over expense	(9,382)	(18,985)	(3,307)	(5,300)	(185)	(7,688)	(222,418)	8,354	(98,554)	(33,416)	(31,348)	32,664

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	EAST CENTRAL HEALTH			CAPITAL HEALTH			ASPEN REGIONAL HEALTH AUTHORITY			PEACE COUNTRY HEALTH		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	240,165	322,968	222,507	2,636,076	2,784,832	2,446,151	251,941	246,661	238,576	257,900	259,148	250,203
Other government contributions	2,100	3,081	2,053	42,524	77,879	53,813	1,187	977	1,199	810	2,478	925
Fees and charges	21,423	22,115	20,464	197,800	200,207	189,052	26,842	25,727	23,554	20,000	21,257	18,600
Ancillary operations	677	645	772	44,800	51,290	49,325	1,518	1,675	1,622	850	770	736
Donations	10	193	352	-	-	-	300	427	392	530	603	444
Research and education	-	-	-	35,900	29,684	37,728	-	-	-	-	-	-
Investment income and other revenue	4,758	5,895	3,797	108,100	103,843	100,188	9,271	8,323	9,636	7,080	8,862	9,053
Amortized external capital contributions	7,964	8,555	7,985	94,000	113,113	86,753	9,594	10,548	9,134	12,500	16,585	12,985
TOTAL REVENUE	277,097	363,452	257,930	3,159,200	3,360,848	2,963,010	300,653	294,338	284,113	299,760	309,703	292,946
EXPENSE												
Facility-based inpatient acute nursing services	46,410	49,245	45,205	882,885	958,017	824,364	46,203	47,208	43,908	61,820	60,793	59,393
Facility-based emergency and outpatient services	10,223	12,994	10,262	390,858	406,501	364,898	25,700	26,538	24,549	26,870	26,893	23,703
Facility-based continuing care services	45,942	48,146	43,051	303,942	271,330	266,956	34,318	36,280	33,563	28,550	26,212	24,427
Ground ambulance discovery project	-	-	-	-	-	-	-	-	-	14,700	15,016	13,451
Community-based care	15,063	16,597	12,411	149,811	161,558	110,420	19,713	19,974	17,482	12,490	13,429	10,567
Home care	23,397	26,076	22,888	106,133	120,477	94,864	15,650	16,542	14,743	19,440	19,608	17,803
Diagnostic & therapeutic services	42,960	45,386	39,569	617,049	651,581	570,757	56,770	57,266	52,117	52,330	55,572	49,836
Promotion, prevention and protection services	7,385	9,768	6,547	79,430	87,308	74,015	13,388	13,687	12,195	15,530	13,081	13,043
Research and education	-	-	-	133,150	104,001	100,380	-	-	-	-	16	16
Administration	17,272	21,405	16,221	80,899	91,544	77,082	12,950	11,903	12,074	15,650	14,063	14,523
Information technology	10,156	9,796	9,303	53,557	90,151	49,952	6,536	6,783	6,563	6,330	6,835	6,352
Support services	58,239	60,171	50,987	427,886	469,124	412,289	63,151	69,409	61,444	51,390	55,301	49,099
Amortization of facilities and improvements	3,893	3,861	3,893	32,000	38,355	35,535	5,932	6,480	5,426	8,500	10,560	8,534
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	(1,200)
One-time transition expenses	-	66,196	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	280,940	369,641	260,337	3,257,600	3,449,947	2,981,512	300,311	312,070	284,064	313,600	317,379	289,547
Excess (deficiency) of revenue over expense	(3,843)	(6,189)	(2,407)	(98,400)	(89,099)	(18,502)	342	(17,732)	49	(13,840)	(7,676)	3,399

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION			ALBERTA MENTAL HEALTH BOARD			ALBERTA CANCER BOARD			HEALTH QUALITY COUNCIL OF ALBERTA		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	151,866	153,301	143,111	84,267	70,826	62,066	347,149	330,500	305,058	5,052	4,243	3,804
Other government contributions	2,252	3,300	2,521	615	2,710	211	3,000	7,532	2,058	-	-	-
Fees and charges	11,457	12,247	9,495	-	-	-	5,900	6,987	5,886	-	-	-
Ancillary operations	1,290	1,689	1,219	-	-	-	7,578	7,948	7,144	-	-	-
Donations	1,533	952	802	25	30	27	8,200	11,107	6,420	-	-	-
Research and education	-	-	-	-	-	-	32,000	29,006	32,001	-	-	-
Investment income and other revenue	2,915	2,585	2,666	1,932	203	1,248	29,100	24,425	29,084	65	185	593
Amortized external capital contributions	8,155	6,744	6,468	3	3	15	14,600	13,329	14,504	-	-	-
TOTAL REVENUE	179,468	180,818	166,282	86,842	73,772	63,567	447,527	430,834	402,155	5,117	4,428	4,397
EXPENSE												
Facility-based inpatient acute nursing services	40,323	36,704	31,076	18,675	18,631	16,296	20,791	18,259	17,578	-	-	-
Facility-based emergency and outpatient services	19,485	16,124	11,330	8,111	8,113	6,883	108,893	110,409	101,710	-	-	-
Facility-based continuing care services	8,961	8,388	5,801	-	-	-	-	-	-	-	-	-
Ground ambulance discovery project	-	-	-	-	-	-	-	-	-	-	-	-
Community-based care	5,467	4,906	4,820	13,369	6,051	5,708	41,300	44,420	38,715	-	-	-
Home care	5,476	4,224	3,555	-	-	-	-	-	-	-	-	-
Diagnostic & therapeutic services	27,829	25,370	21,648	13,578	11,705	9,506	94,996	96,690	88,659	-	-	-
Promotion, prevention and protection services	12,162	10,480	8,723	15,192	12,086	6,922	49,039	33,332	23,843	-	-	-
Research and education	-	-	-	2,080	1,697	1,617	70,014	61,707	58,475	-	-	-
Administration	17,005	15,404	13,077	7,757	7,543	5,802	12,232	13,759	11,019	5,089	4,314	4,100
Information technology	6,438	6,355	6,049	714	706	698	16,900	12,888	13,598	101	141	56
Support services	30,639	29,690	25,064	9,699	9,666	8,530	42,701	47,037	38,657	-	-	-
Amortization of facilities and improvements	5,632	4,197	4,001	84	84	64	3,700	6,643	5,463	-	-	-
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	-
One-time transition expenses	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	179,417	161,842	135,144	89,259	76,282	62,026	462,566	445,144	397,717	5,190	4,455	4,156
Excess (deficiency) of revenue over expense	51	18,976	31,138	(2,417)	(2,510)	1,541	(15,039)	(14,310)	4,438	(73)	(27)	241

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	HEALTH AUTHORITY TOTAL		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
REVENUE			
Alberta Health and Wellness contributions	7,655,288	8,124,842	7,144,297
Other government contributions	99,124	173,545	113,335
Fees and charges	525,447	542,366	495,715
Ancillary operations	104,415	115,329	107,754
Donations	18,470	24,959	18,505
Research and education	67,900	58,690	69,729
Investment income and other revenue	289,721	281,337	297,451
Amortized external capital contributions	286,154	323,009	268,426
TOTAL REVENUE	9,046,519	9,644,077	8,515,212
EXPENSE			
Facility-based inpatient acute nursing services	2,360,841	2,421,861	2,169,342
Facility-based emergency and outpatient services	1,052,674	1,095,222	978,192
Facility-based continuing care services	785,629	759,204	707,774
Ground ambulance discovery project	19,097	19,805	17,856
Community-based care	518,498	541,496	433,374
Home care	343,080	362,203	308,424
Diagnostic & therapeutic services	1,694,633	1,741,377	1,555,267
Promotion, prevention and protection services	312,371	298,979	254,213
Research and education	255,421	217,362	203,801
Administration	341,756	348,074	301,101
Information technology	259,068	291,026	219,976
Support services	1,372,535	1,479,951	1,284,217
Amortization of facilities and improvements	134,651	162,052	134,863
Capital assets write down	-	-	(1,200)
One-time transition expenses	-	66,196	-
TOTAL EXPENSE	9,450,254	9,804,808	8,567,200
Excess (deficiency) of revenue over expense	(403,735)	(160,731)	(51,988)

HEALTH AUTHORITY SUMMARY
STATEMENT OF FINANCIAL POSITION AND
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY		PALLISER HEALTH REGION		CALGARY HEALTH REGION		DAVID THOMPSON REGIONAL HEALTH AUTHORITY	
	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL
ASSETS								
Cash and cash equivalents	22,467	31,372	32,155	30,338	172,832	30,863	99,825	83,368
Accounts receivable	9,531	10,363	7,867	6,429	63,373	60,171	14,111	17,817
Contributions receivable from Alberta Health and Wellness	483	9,654	298	1,921	5,843	49,972	5,898	6,103
Inventories	3,514	3,528	1,419	1,239	35,231	35,576	6,976	6,166
Prepaid expenses	802	1,769	572	1,241	11,172	11,557	1,317	2,063
Current Assets	36,797	56,686	42,311	41,168	288,451	188,139	128,127	115,517
Investments	69,749	20,277	8,381	8,785	865,318	468,816	20,674	39,119
Capital assets	193,617	190,482	80,735	77,635	2,328,232	1,884,350	414,194	421,885
Other Assets	14,759	36,873	310	299	37,549	504,805	26,877	21,484
TOTAL ASSETS	314,922	304,318	131,737	127,887	3,519,550	3,046,110	589,872	598,005
LIABILITIES, NET ASSETS AND ENDOWMENTS								
Bank indebtedness	-	-	-	-	-	-	-	-
Accounts payable and accrued liabilities	33,778	29,083	15,570	14,228	329,670	285,262	60,051	45,455
Accrued vacation pay	14,617	13,201	8,946	8,512	125,003	111,129	25,890	23,664
Deferred contributions	23,563	24,304	12,163	13,174	112,359	95,325	68,767	38,883
Current portion of long term debt	57	27	-	-	12,135	11,353	179	125
Current Liabilities	72,015	66,615	36,679	35,914	579,167	503,069	134,887	108,127
Deferred contributions	3,428	3,510	8,381	8,785	35,592	35,272	40,926	41,237
Deferred capital contributions	67,292	42,359	-	-	773,757	771,392	5,961	18,538
Long-term debt	57	-	-	-	185,919	142,823	262	326
Unamortized external capital contributions	175,170	174,095	72,365	68,691	1,879,405	1,526,513	379,339	389,842
Other liabilities	1,519	2,464	-	-	9,391	8,174	-	-
TOTAL LIABILITIES	319,481	289,043	117,425	113,390	3,463,231	2,987,243	581,375	558,070
NET ASSETS AND ENDOWMENTS								
Accumulated surplus/(deficit)	(23,042)	(2,084)	5,942	5,553	(218,886)	(193,028)	(25,492)	8,678
Investment in capital assets from internally funded sources	18,333	16,360	8,370	8,944	277,941	243,729	33,989	31,167
Cumulative net unrealized gains/(losses) on investments	-	849	-	-	(2,736)	8,166	-	90
Operating net assets	(4,709)	15,125	14,312	14,497	56,319	58,867	8,497	39,935
Endowments	150	150	-	-	-	-	-	-
TOTAL NET ASSETS AND ENDOWMENTS	(4,559)	15,275	14,312	14,497	56,319	58,867	8,497	39,935
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	314,922	304,318	131,737	127,887	3,519,550	3,046,110	589,872	598,005
CASH FLOWS								
Cash generated from (used by) operating activities	(26,766)	3,830	3,782	(1,882)	148,855	(40,904)	18,988	77,294
Cash used by investing activities	(21,579)	(34,694)	(12,268)	(10,923)	(967,108)	(237,488)	(23,925)	(48,434)
Cash generated from financing activities	39,440	33,087	10,303	9,848	960,222	252,504	21,394	24,443
Increase (decrease) in cash and cash equivalents	(8,905)	2,223	1,817	(2,957)	141,969	(25,888)	16,457	53,303
Cash and cash equivalents beginning of year	31,372	29,149	30,338	33,295	30,863	56,751	83,368	30,065
Cash and cash equivalents end of year	22,467	31,372	32,155	30,338	172,832	30,863	99,825	83,368
Investments end of year	69,749	20,277	8,381	8,785	865,318	468,816	20,674	39,119
Total cash, cash equivalents and investments end of year	92,216	51,649	40,536	39,123	1,038,150	499,679	120,499	122,487

HEALTH AUTHORITY SUMMARY
STATEMENT OF FINANCIAL POSITION AND
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	EAST CENTRAL HEALTH		CAPITAL HEALTH		ASPEN REGIONAL HEALTH AUTHORITY		PEACE COUNTRY HEALTH	
	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL
ASSETS								
Cash and cash equivalents	129,925	16,144	310,122	295,868	47,892	44,114	11,058	19,361
Accounts receivable	6,635	7,824	80,104	82,488	5,102	5,681	6,706	5,781
Contributions receivable from Alberta Health and Wellness	10,603	3,320	10,573	66,735	432	15,127	734	2,518
Inventories	2,533	2,530	28,414	20,081	1,853	1,638	1,719	1,507
Prepaid expenses	-	-	19,977	105,975	3,882	3,771	4,604	2,524
Current Assets	149,696	29,818	449,190	571,147	59,161	70,331	24,821	31,691
Investments	99,529	17,932	674,255	679,721	18,690	30,719	19,302	11,541
Capital assets	142,821	135,057	1,734,933	1,450,120	174,661	177,050	210,868	214,275
Other Assets	396	825	85,817	207,160	2,217	2,299	892	4,305
TOTAL ASSETS	392,442	183,632	2,944,195	2,908,148	254,729	280,399	255,883	261,812
LIABILITIES, NET ASSETS AND ENDOWMENTS								
Bank indebtedness	-	-	-	-	-	-	-	-
Accounts payable and accrued liabilities	82,236	20,047	325,134	256,814	25,836	25,920	24,342	23,886
Accrued vacation pay	8,590	7,180	110,632	98,777	13,421	11,804	13,402	12,163
Deferred contributions	70,510	9,112	130,555	173,436	20,729	20,005	8,537	8,877
Current portion of long term debt	-	-	-	-	-	-	346	348
Current Liabilities	161,336	36,339	566,321	529,027	59,986	57,729	46,627	45,274
Deferred contributions	230	220	2,767	3,736	2,217	2,299	-	-
Deferred capital contributions	99,299	17,712	703,915	828,553	24,324	29,262	20,174	15,806
Long-term debt	-	-	-	-	-	-	4,740	5,103
Unamortized external capital contributions	131,410	123,005	1,496,687	1,262,275	159,176	162,154	191,231	195,534
Other liabilities	-	-	67,015	67,454	-	-	692	-
TOTAL LIABILITIES	392,275	177,276	2,836,705	2,691,045	245,703	251,444	263,464	261,717
NET ASSETS AND ENDOWMENTS								
Accumulated surplus/(deficit)	(11,244)	(5,696)	(102,671)	35,163	(6,459)	11,862	(21,440)	(13,195)
Investment in capital assets from internally funded sources	11,411	12,052	224,621	174,983	15,485	14,896	13,859	13,290
Cumulative net unrealized gains/(losses) on investments	-	-	(14,460)	6,957	-	2,197	-	-
Operating net assets	167	6,356	107,490	217,103	9,026	28,955	(7,581)	95
Endowments	-	-	-	-	-	-	-	-
TOTAL NET ASSETS AND ENDOWMENTS	167	6,356	107,490	217,103	9,026	28,955	(7,581)	95
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	392,442	183,632	2,944,195	2,908,148	254,729	280,399	255,883	261,812
CASH FLOWS								
Cash generated from (used by) operating activities	116,708	7,078	128,168	54,657	5,205	3,522	(6,614)	14,212
Cash used by investing activities	(101,483)	(20,676)	(456,625)	(514,373)	(1,592)	(29,621)	(20,749)	(26,448)
Cash generated from financing activities	98,556	18,822	342,711	477,295	165	16,470	19,060	24,459
Increase (decrease) in cash and cash equivalents	113,781	5,224	14,254	17,579	3,778	(9,629)	(8,303)	12,223
Cash and cash equivalents beginning of year	16,144	10,920	295,868	278,289	44,114	53,743	19,361	7,138
Cash and cash equivalents end of year	129,925	16,144	310,122	295,868	47,892	44,114	11,058	19,361
Investments end of year	99,529	17,932	674,255	679,721	18,690	30,719	19,302	11,541
Total cash, cash equivalents and investments end of year	229,454	34,076	984,377	975,589	66,582	74,833	30,360	30,902

HEALTH AUTHORITY SUMMARY
STATEMENT OF FINANCIAL POSITION AND
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION		ALBERTA MENTAL HEALTH BOARD		ALBERTA CANCER BOARD		HEALTH QUALITY COUNCIL OF ALBERTA		HEALTH AUTHORITY TOTAL	
	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	2007/08 ACTUAL
ASSETS										
Cash and cash equivalents	54,315	34,550	37,235	14,259	106,323	77,762	1,649	2,003	1,025,798	680,002
Accounts receivable	6,626	8,226	1,659	3,374	11,990	8,892	154	97	213,858	217,143
Contributions receivable from Alberta Health and Wellness	212	1,747	48	71,010	547	7,168	-	-	35,671	235,275
Inventories	1,148	997	159	157	8,142	9,609	-	62	91,108	83,090
Prepaid expenses	487	634	917	1,013	2,596	1,982	1	2	46,327	132,531
Current Assets	62,788	46,154	40,018	89,813	129,598	105,413	1,804	2,164	1,412,762	1,348,041
Investments	37,726	39,160	79,324	27,089	18,652	47,755	-	-	1,911,600	1,390,914
Capital assets	106,272	85,900	589	878	150,848	148,284	76	27	5,537,846	4,785,943
Other Assets	-	68	98	1,476	958	855	-	-	169,873	780,449
TOTAL ASSETS	206,786	171,282	120,029	119,256	300,056	302,307	1,880	2,191	9,032,081	8,305,347
LIABILITIES, NET ASSETS AND ENDOWMENTS										
Bank indebtedness	-	-	-	-	-	-	-	-	-	-
Accounts payable and accrued liabilities	22,409	14,617	3,589	4,194	41,969	39,739	428	531	965,012	759,776
Accrued vacation pay	3,911	3,554	261	288	9,496	8,422	128	91	334,297	298,785
Deferred contributions	6,766	6,851	28,240	17,061	68,794	48,429	808	1,026	551,791	456,483
Current portion of long term debt	-	-	-	-	-	-	-	-	12,717	11,853
Current Liabilities	33,086	25,022	32,090	21,543	120,259	96,590	1,364	1,648	1,863,817	1,526,897
Deferred contributions	4	4	79,546	83,735	-	-	-	-	173,091	178,798
Deferred capital contributions	37,722	39,224	-	-	8,350	12,395	-	-	1,740,794	1,775,241
Long-term debt	-	-	-	-	-	-	-	-	190,978	148,252
Unamortized external capital contributions	85,786	78,240	-	3	104,667	106,630	-	-	4,675,236	4,086,982
Other liabilities	-	-	38	14	4,132	4,572	-	-	82,787	82,678
TOTAL LIABILITIES	156,598	142,490	111,674	105,295	237,408	220,187	1,364	1,648	8,726,703	7,798,848
NET ASSETS AND ENDOWMENTS										
Accumulated surplus/(deficit)	29,703	21,129	10,482	12,706	3,990	22,827	440	516	(358,677)	(95,569)
Investment in capital assets from internally funded sources	20,486	7,660	589	875	46,181	41,654	76	27	671,341	565,637
Cumulative net unrealized gains/(losses) on investments	(1)	3	(2,716)	380	2,175	7,639	-	-	(17,738)	26,281
Operating net assets	50,188	28,792	8,355	13,961	52,346	72,120	516	543	294,926	496,349
Endowments	-	-	-	-	10,302	10,000	-	-	10,452	10,150
TOTAL NET ASSETS AND ENDOWMENTS	50,188	28,792	8,355	13,961	62,648	82,120	516	543	305,378	506,499
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	206,786	171,282	120,029	119,256	300,056	302,307	1,880	2,191	9,032,081	8,305,347
CASH FLOWS										
Cash generated from (used by) operating activities	31,325	34,014	78,195	18,290	21,749	26,543	(212)	1,591	519,383	198,245
Cash used by investing activities	(26,772)	(43,199)	(55,219)	(12,567)	(66)	(17,266)	(142)	(5)	(1,687,528)	(995,694)
Cash generated from financing activities	15,212	39,415	-	-	6,878	7,753	-	-	1,513,941	904,096
Increase (decrease) in cash and cash equivalents	19,765	30,230	22,976	5,723	28,561	17,030	(354)	1,586	345,796	106,647
Cash and cash equivalents beginning of year	34,550	4,320	14,259	8,536	77,762	60,732	2,003	417	680,002	573,355
Cash and cash equivalents end of year	54,315	34,550	37,235	14,259	106,323	77,762	1,649	2,003	1,025,798	680,002
Investments end of year	37,726	39,160	79,324	27,089	18,652	47,755	-	-	1,911,600	1,390,914
Total cash, cash equivalents and investments end of year	92,041	73,710	116,559	41,348	124,975	125,517	1,649	2,003	2,937,398	2,070,916

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY			PALLISER HEALTH REGION			CALGARY HEALTH REGION			DAVID THOMPSON REGIONAL HEALTH AUTHORITY		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
Salaries and benefits	212,596	219,261	197,050	129,510	129,562	121,985	1,768,853	1,764,059	1,579,404	454,165	466,725	415,681
Contracts with health service operators	60,809	73,741	60,901	34,877	36,822	33,287	394,002	408,745	357,792	51,779	51,205	46,513
Contracts under the Health Care Protection Act	-	-	-	-	-	-	17,586	16,354	16,914	-	-	-
Drugs and gases	5,782	5,714	6,154	5,080	4,618	4,695	96,633	97,792	92,601	14,331	13,891	13,622
Medical and surgical supplies	9,896	10,995	9,440	5,590	5,975	5,261	123,671	126,457	117,513	15,883	16,119	14,935
Other contracted services	21,385	26,341	24,373	16,210	15,252	15,266	398,268	428,423	377,146	36,048	44,508	34,699
Interest on long-term debt	11	3	11	-	-	-	6,864	6,812	6,176	19	20	28
Other	40,842	40,851	38,301	21,718	19,891	20,805	341,815	346,528	292,231	86,402	90,209	80,769
Amortization:												
Capital equipment - internally funded	3,033	2,656	2,364	2,600	2,528	2,369	29,091	24,657	18,441	5,900	5,157	4,825
Capital equipment - externally funded	5,198	5,669	5,854	2,525	3,339	2,451	52,242	50,920	48,215	12,076	9,978	8,666
Facilities and improvements - internally funded	244	76	255	-	-	-	11,621	11,580	9,920	367	330	329
Facilities and improvements - externally funded	8,234	7,841	7,970	3,030	3,290	2,985	38,244	56,223	38,466	16,336	16,061	16,031
Capital assets write down - equipment	5	870	3	-	-	-	-	-	-	-	-	-
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	-
Transition expenses incurred by other health authorities	-	-	-	-	-	-	-	-	-	-	-	-
	368,035	394,018	352,676	221,140	221,277	209,104	3,278,890	3,338,550	2,954,819	693,306	714,203	636,098
Less amounts reported in ancillary operations	-	-	-	-	-	-	-	-	-	-	-	-
Other adjustments	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	368,035	394,018	352,676	221,140	221,277	209,104	3,278,890	3,338,550	2,954,819	693,306	714,203	636,098

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	EAST CENTRAL HEALTH			CAPITAL HEALTH			ASPEN REGIONAL HEALTH AUTHORITY			PEACE COUNTRY HEALTH		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
Salaries and benefits	109,835	125,554	99,314	1,564,239	1,605,142	1,394,968	179,760	181,729	164,654	218,300	211,625	196,188
Contracts with health service operators	113,937	123,623	109,964	820,373	893,892	770,304	37,118	38,697	34,774	9,500	10,668	8,468
Contracts under the Health Care Protection Act	-	-	-	5,637	4,901	4,684	-	-	-	-	-	-
Drugs and gases	1,658	1,768	1,675	91,265	89,919	86,919	4,364	4,592	4,577	5,190	4,832	4,991
Medical and surgical supplies	1,528	2,066	1,964	125,173	139,125	119,212	5,732	6,498	5,703	6,460	6,845	6,149
Other contracted services	8,008	19,488	8,120	223,450	258,146	209,193	19,069	20,989	19,568	19,440	23,066	19,508
Interest on long-term debt	-	-	-	-	-	-	-	-	-	250	256	288
Other	35,047	36,223	28,354	301,463	305,216	281,904	42,591	46,687	43,582	40,560	42,362	40,353
Amortization:												
Capital equipment - internally funded	2,963	3,287	2,916	32,000	29,178	17,573	1,948	2,230	1,960	1,200	962	1,583
Capital equipment - externally funded	4,118	4,751	4,119	62,000	59,681	47,918	3,797	4,133	3,789	4,200	6,189	4,667
Facilities and improvements - internally funded	-	57	47	-	6,484	6,081	99	98	99	200	206	234
Facilities and improvements - externally funded	3,846	3,804	3,846	32,000	34,088	31,924	5,833	6,419	5,381	8,300	10,354	8,318
Capital assets write down - equipment	-	(5)	18	-	24,175	10,832	-	(2)	(23)	-	14	(1,200)
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	-
Transition expenses incurred by other health authorities	-	49,025	-	-	-	-	-	-	-	-	-	-
	280,940	369,641	260,337	3,257,600	3,449,947	2,981,512	300,311	312,070	284,064	313,600	317,379	289,547
Less amounts reported in ancillary operations	-	-	-	-	-	-	-	-	-	-	-	-
Other adjustments	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	280,940	369,641	260,337	3,257,600	3,449,947	2,981,512	300,311	312,070	284,064	313,600	317,379	289,547

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION			ALBERTA MENTAL HEALTH BOARD			ALBERTA CANCER BOARD			HEALTH QUALITY COUNCIL OF ALBERTA		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
Salaries and benefits	106,337	94,035	82,420	7,991	7,531	5,540	168,804	159,189	137,590	1,960	2,078	1,560
Contracts with health service operators	10,240	10,365	7,685	73,029	63,026	50,381	-	-	-	-	-	-
Contracts under the Health Care Protection Act	-	-	-	-	-	-	-	-	-	-	-	-
Drugs and gases	1,848	1,652	1,670	-	-	-	104,828	98,596	100,201	-	-	-
Medical and surgical supplies	3,364	3,358	3,095	-	-	-	4,707	4,897	4,533	-	-	-
Other contracted services	15,227	17,477	11,933	3,484	2,033	2,377	100,033	87,328	75,031	-	-	-
Interest on long-term debt	-	-	-	-	-	-	-	-	-	-	-	-
Other	32,197	27,053	21,019	4,512	3,379	3,490	62,494	73,078	59,418	3,204	2,284	2,551
Amortization:												
Capital equipment - internally funded	871	857	707	240	240	223	7,100	8,745	6,992	26	93	45
Capital equipment - externally funded	3,286	2,366	2,614	3	3	15	8,700	6,480	8,300	-	-	-
Facilities and improvements - internally funded	887	235	147	-	-	-	5,900	6,831	5,652	-	-	-
Facilities and improvements - externally funded	5,160	3,915	3,854	-	-	-	-	-	-	-	-	-
Capital assets write down - equipment	-	529	-	-	70	-	-	-	-	-	-	-
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	-
Transition expenses incurred by other health authorities	-	-	-	-	-	-	-	-	-	-	-	-
	179,417	161,842	135,144	89,259	76,282	62,026	462,566	445,144	397,717	5,190	4,455	4,156
Less amounts reported in ancillary operations	-	-	-	-	-	-	-	-	-	-	-	-
Other adjustments	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	179,417	161,842	135,144	89,259	76,282	62,026	462,566	445,144	397,717	5,190	4,455	4,156

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	HEALTH AUTHORITY TOTAL		
	2008/09 BUDGET	2008/09 ACTUAL	2007/08 ACTUAL
Salaries and benefits	4,922,350	4,966,490	4,396,354
Contracts with health service operators	1,605,664	1,710,784	1,480,069
Contracts under the Health Care Protection Act	23,223	21,255	21,598
Drugs and gases	330,979	323,374	317,105
Medical and surgical supplies	302,004	322,335	287,805
Other contracted services	860,622	943,051	797,214
Interest on long-term debt	7,144	7,091	6,503
Other	1,012,845	1,033,761	912,777
Amortization:			
Capital equipment - internally funded	86,972	80,590	59,998
Capital equipment - externally funded	158,145	153,509	136,608
Facilities and improvements - internally funded	19,318	25,897	22,764
Facilities and improvements - externally funded	120,983	141,995	118,775
Capital assets write down - equipment	5	25,651	9,630
Capital assets write down - facilities and improvements	-	-	-
Transition expenses incurred by other health authorities	-	49,025	-
	9,450,254	9,804,808	8,567,200
Less amounts reported in ancillary operations	-	-	-
Other adjustments	-	-	-
TOTAL EXPENSES	9,450,254	9,804,808	8,567,200

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	CHINOOK	PALLISER	CALGARY	DAVID THOMPSON	EAST CENTRAL	CAPITAL	ASPEN
I. OPERATING SURPLUS/(DEFICIT) AS A % OF TOTAL REVENUE	-5.1%	-0.1%	0.2%	-4.6%	-1.7%	-2.7%	-6.0%
II. ADMINISTRATION COST AS A % OF TOTAL EXPENSES	4.2%	4.5%	3.1%	5.5%	5.8%	2.7%	3.8%
III. WORKING CAPITAL							
Current Assets	36,797	42,311	288,451	128,127	149,696	449,190	59,161
Current Liabilities	72,015	36,679	579,167	154,887	161,336	566,321	59,986
WORKING CAPITAL RATIO	0.51	1.15	0.50	0.83	0.93	0.79	0.99
IV. ALBERTA HEALTH AND WELLNESS FUNDING COVERAGE RATIO *excludes unusual items*	81.6%	83.8%	85.7%	82.0%	87.4%	80.7%	79.0%
V. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS *includes information systems*	3.0	3.1	3.5	3.7	3.5	2.8	4.5
VI. CAPITAL INVESTMENTS DURING THE YEAR							
Funded from Internal Resources							
Equipment	4,469	1,954	36,280	5,704	2,215	66,034	2,172
Facilities and Improvements	1,764	-	34,304	2,595	-	23,739	759
	6,233	1,954	70,584	8,299	2,215	89,773	2,931
Funded by External Parties							
Equipment	1,731	5,070	53,175	7,899	4,661	87,317	1,911
Facilities and Improvements	12,442	5,233	406,122	7,637	12,298	261,329	5,695
	14,173	10,303	459,297	15,536	16,959	348,646	7,606
Total capital investments during the year *excludes debt-funded and donated assets*	20,406	12,257	529,881	23,835	19,174	438,419	10,537
VII. TOTAL FTEs *(excludes Board)*	2,719	1,720	21,957	6,232	1,683	19,965	2,525

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	PEACE COUNTRY	NORTHERN LIGHTS	ALBERTA MENTAL HEALTH BOARD	ALBERTA CANCER BOARD	HEALTH QUALITY COUNCIL OF ALBERTA	HEALTH AUTHORITY TOTAL 2009	HEALTH AUTHORITY TOTAL 2008
I. OPERATING SURPLUS/(DEFICIT) AS A % OF TOTAL REVENUE	-2.5%	10.5%	-3.4%	-3.3%	-0.6%	-1.7%	-0.6%
II. ADMINISTRATION COST AS A % OF TOTAL EXPENSES	4.4%	9.5%	9.9%	3.1%	96.8%	3.6%	3.5%
III. WORKING CAPITAL							
Current Assets	24,821	62,788	40,018	129,598	1,804	1,412,762	1,348,041
Current Liabilities	46,627	33,086	32,090	120,259	1,364	1,863,817	1,526,897
WORKING CAPITAL RATIO	0.53	1.90	1.25	1.08	1.32	0.76	0.88
IV. ALBERTA HEALTH AND WELLNESS FUNDING COVERAGE RATIO *excludes unusual items*	81.7%	94.7%	92.8%	74.2%	95.2%	82.9%	83.4%
V. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS *includes information systems*	4.2	6.2	2.5	5.0	0.8	3.4	3.8
VI. CAPITAL INVESTMENTS DURING THE YEAR							
Funded from Internal Resources							
Equipment	1,539	4,443	36	13,405	142	138,393	119,300
Facilities and Improvements	-	7,117	-	-	-	70,278	51,624
	1,539	11,560	36	13,405	142	208,671	170,924
Funded by External Parties							
Equipment	2,135	3,333	-	11,365	-	178,597	174,704
Facilities and Improvements	9,365	13,381	-	-	-	733,502	595,451
	11,500	16,714	-	11,365	-	912,099	770,155
Total capital investments during the year *excludes debt-funded and donated assets*	13,039	28,274	36	24,770	142	1,120,770	941,079
VII. TOTAL FTEs *(excludes Board)*	2,657	1,051	65	1,819	19	62,412	59,174

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY				PALLISER HEALTH REGION				CALGARY HEALTH REGION			
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	**4,897**	**2,055**	**2,842**	**-**	**1,989**	**530**	**1,459**	**-**	**50,000**	**29,485**	**20,515**	**-**
Internal Funding	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditures	**4,897**	**2,055**	**2,842**	**-**	**1,989**	**530**	**1,459**	**-**	**50,000**	**29,485**	**20,515**	**-**
Equipment Expenditures by Type												
Diagnostic Imaging	2,462	973	268	1,221	1,397	426	1,096	(125)	29,198	16,888	12,668	(358)
Laboratory	308	162	170	(24)	140	-	134	6	644	202	648	(206)
Medical	946	166	1,279	(499)	75	-	80	(5)	5,939	2,404	2,850	685
Surgical	989	540	893	(444)	377	104	149	124	10,102	6,308	3,929	(135)
Rehabilitation	101	127	86	(112)	-	-	-	-	102	102	-	-
Patient Care/Support	91	87	146	(142)	-	-	-	-	4,015	3,581	420	14
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditures	4,897	2,055	2,842	-	1,989	530	1,459	-	50,000	29,485	20,515	-

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	DAVID THOMPSON REGIONAL HEALTH AUTHORITY					EAST CENTRAL HEALTH				CAPITAL HEALTH				
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	**8,038**	**783**	**4,323**	**2,932**	**-**	**10,101**	**2,785**	**7,316**	**-**	**50,000**	**6,973**	**41,167**	**1,860**	**-**
Internal Funding	-	-	-	-	-	**180**	-	**134**	**46**	**4,250**	-	-	**3**	**4,247**
Total Expenditures	**8,038**	**783**	**4,323**	**2,932**	**-**	**10,281**	**2,785**	**7,450**	**46**	**54,250**	**6,973**	**41,167**	**1,863**	**4,247**
Equipment Expenditures by Type														
Diagnostic Imaging	2,555	85	1,375	1,286	(191)	4,649	1,607	2,563	479	25,750	5,073	19,372	(259)	1,564
Laboratory	296	173	30	496	(403)	1,398	150	1,216	32	2,500	-	2,508	-	(8)
Medical	1,597	43	1,052	427	75	1,576	408	1,183	(15)	13,300	808	9,912	2,188	392
Surgical	742	59	791	238	(346)	1,557	432	1,335	(210)	12,700	1,092	9,375	(66)	2,299
Rehabilitation	113	27	49	300	(263)	79	-	42	37	-	-	-	-	-
Patient Care/Support	2,077	397	1,025	185	470	985	188	1,074	(277)	-	-	-	-	-
Other	658	-	-	-	658	37	-	37	-	-	-	-	-	-
Total Expenditures	8,038	784	4,322	2,932	-	10,281	2,785	7,450	46	54,250	6,973	41,167	1,863	4,247

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	ASPEN REGIONAL HEALTH AUTHORITY				PEACE COUNTRY HEALTH					NORTHERN LIGHTS HEALTH REGION			
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	5,771	1,696	4,075	-	11,148	6,903	3,737	508	-	1,106	534	572	-
Internal Funding	-	-	-	-	-	-	-	-	-	1,064	-	297	767
Total Expenditures	5,771	1,696	4,075	-	11,148	6,903	3,737	508	-	2,170	534	869	767
Equipment Expenditures by Type													
Diagnostic Imaging	4,503	210	3,761	532	4,174	1,723	2,280	94	77	684	22	535	127
Laboratory	449	324	57	68	845	409	285	191	(40)	-	-	-	-
Medical	470	234	67	169	1,898	1,198	720	118	(138)	855	394	101	360
Surgical	272	772	-	(500)	2,008	2,009	638	54	207	263	81	121	61
Rehabilitation	5	-	-	5	90	63	27	-	8	-	-	-	-
Patient Care/Support	72	156	(40)	(44)	1,225	1,501	(213)	39	(102)	368	25	124	219
Other	-	-	230	(230)	-	-	-	12	(12)	-	12	(12)	-
Total Expenditures	5,771	1,696	4,075	-	11,148	6,903	3,737	508	-	2,170	534	869	767

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2009
(In Thousands)

	ALBERTA CANCER BOARD				HEALTH AUTHORITY TOTAL					
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	2008/09 ACTUAL	UNSPENT BALANCE	UNSPENT BALANCE %
AHW Diagnostic/Medical Funding	**6,950**	**5,941**	**1,009**	**-**	**150,000**	**57,686**	**87,015**	**5,300**	**-**	**0.0%**
Internal Funding	**-**	**-**	**141**	**(141)**	**5,494**	**-**	**572**	**3**	**4,919**	**89.5%**
Total Expenditures	**6,950**	**5,941**	**1,150**	**(141)**	**155,494**	**57,686**	**87,587**	**5,303**	**4,919**	
Equipment Expenditures by Type										
Diagnostic Imaging	6,300	5,964	1,101	(165)	81,672	32,371	45,019	1,121	3,161	
Laboratory	250	245	8	(3)	6,830	1,665	5,056	587	(578)	
Medical	400	332	41	27	27,056	5,987	17,285	2,733	1,051	
Surgical	-	-	-	-	29,910	11,397	17,231	226	1,056	
Rehabilitation	-	-	-	-	498	319	204	300	(325)	
Patient Care/Support	-	-	-	-	8,833	5,935	2,536	224	138	
Other	-	-	-	-	695	12	255	12	416	
Total Expenditures	6,950	5,941	1,150	(141)	155,494	57,686	87,586	5,303	4,919	

Alphabetical List of Entities' Financial Statements in Ministry 2008/2009 Annual Reports

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Access to the Future Fund	Advanced Education and Technology
Agriculture Financial Services Corporation	Agriculture and Rural Development
Alberta Alcohol and Drug Abuse Commission	Health and Wellness
Alberta Cancer Prevention Legacy Fund	Finance and Enterprise
Alberta Capital Finance Authority	Finance and Enterprise
Alberta Energy and Utilities Board[1]	Energy
Alberta Enterprise Corporation[2]	Advanced Education and Technology
Alberta Foundation for the Arts	Culture and Community Spirit
Alberta Gaming and Liquor Commission	Solicitor General and Public Security
Alberta Heritage Foundation for Medical Research Endowment Fund	Finance and Enterprise
Alberta Heritage Savings Trust Fund	Finance and Enterprise
Alberta Heritage Scholarship Fund	Finance and Enterprise
Alberta Heritage Science and Engineering Research Endowment Fund	Finance and Enterprise
Alberta Historical Resources Foundation	Culture and Community Spirit
Alberta Insurance Council	Finance and Enterprise
Alberta Investment Management Corporation[3]	Finance and Enterprise
Alberta Livestock and Meat Agency[4]	Agriculture and Rural Development
Alberta Local Authorities Pension Plan Corporation	Finance and Enterprise
Alberta Pensions Administration Corporation	Finance and Enterprise
Alberta Petroleum Marketing Commission	Energy
Alberta Research Council Inc.	Advanced Education and Technology
Alberta Risk Management Fund	Finance and Enterprise
Alberta School Foundation Fund	Education
Alberta Securities Commission	Finance and Enterprise
Alberta Social Housing Corporation	Housing and Urban Affairs

1 Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

2 The Act was proclaimed and came into force on December 5, 2008.

3 Began operations July 1, 2008.

4 Incorporated on January 29, 2009

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Alberta Sport, Recreation, Parks and Wildlife Foundation	Tourism, Parks and Recreation
Alberta Treasury Branches	Finance and Enterprise
Alberta Utilities Commission[1]	Energy
ATB Insurance Advisors Inc.	Finance and Enterprise
ATB Investment Management Inc.	Finance and Enterprise
ATB Investment Services Inc.	Finance and Enterprise
ATB Securities Inc.	Finance and Enterprise
Child and Family Services Authorities:	Children and Youth Services
Calgary and Area Child and Family Services Authority	
Central Alberta Child and Family Services Authority	
East Central Alberta Child and Family Services Authority	
Edmonton and Area Child and Family Services Authority	
North Central Alberta Child and Family Services Authority	
Northeast Alberta Child and Family Services Authority	
Northwest Alberta Child and Family Services Authority	
Southeast Alberta Child and Family Services Authority	
Southwest Alberta Child and Family Services Authority	
Métis Settlements Child and Family Services Authority	
C-FER Technologies (1999) Inc.	Advanced Education and Technology
Climate Change and Emissions Management Fund[5]	Environment
Credit Union Deposit Guarantee Corporation	Finance and Enterprise

1 Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

5 Began operations July 1, 2007.

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Colleges:	Advanced Education and Technology
Alberta College of Art and Design	
Bow Valley College	
Grande Prairie Regional College	
Grant MacEwan College	
Keyano College	
Lakeland College	
Lethbridge Community College	
Medicine Hat College	
Mount Royal College	
NorQuest College	
Northern Lakes College	
Olds College	
Portage College	
Red Deer College	
Department of Advanced Education and Technology	Advanced Education and Technology
Department of Agriculture and Rural Development	Agriculture and Rural Development
Department of Children and Youth Services	Children and Youth Services
Department of Culture and Community Spirit	Culture and Community Spirit
Department of Education	Education
Department of Energy	Energy
Department of Finance and Enterprise	Finance and Enterprise
Department of Environment	Environment
Department of Health and Wellness	Health and Wellness
Department of Housing and Urban Affairs	Housing and Urban Affairs
Department of Municipal Affairs	Municipal Affairs
Department of Seniors and Community Supports	Seniors and Community Supports
Department of Solicitor General and Public Security	Solicitor General and Public Security
Department of Sustainable Resource Development	Sustainable Resource Development
Department of Tourism, Parks and Recreation	Tourism, Parks and Recreation
Energy Resources Conservation Board[1]	Energy
Environmental Protection and Enhancement Fund	Sustainable Resource Development
Gainers Inc.	Finance and Enterprise

1 Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Government House Foundation	Culture and Community Spirit
Historic Resources Fund	Culture and Community Spirit
Human Rights, Citizenship and Multiculturalism Education Fund	Culture and Community Spirit
iCORE Inc.	Advanced Education and Technology
Lottery Fund	Solicitor General and Public Security
Ministry of Aboriginal Relations[6]	Aboriginal Relations
Ministry of Advanced Education and Technology	Advanced Education and Technology
Ministry of Agriculture and Rural Development	Agriculture and Rural Development
Ministry of Children and Youth Services	Children and Youth Services
Ministry of Culture and Community Spirit	Culture and Community Spirit
Ministry of Education	Education
Ministry of Employment and Immigration[6]	Employment and Immigration
Ministry of Energy	Energy
Ministry of Environment	Environment
Ministry of Executive Council[6]	Executive Council
Ministry of Finance and Enterprise	Finance and Enterprise
Ministry of Health and Wellness	Health and Wellness
Ministry of Housing and Urban Affairs	Housing and Urban Affairs
Ministry of Infrastructure[6]	Infrastructure
Ministry of International and Intergovernmental Relations[6]	International, and Intergovernmental Relations
Ministry of Justice[6]	Justice
Ministry of Municipal Affairs	Municipal Affairs
Ministry of Seniors and Community Supports	Seniors and Community Supports
Ministry of Service Alberta[6]	Service Alberta
Ministry of Solicitor General and Public Security	Solicitor General and Public Security
Ministry of Sustainable Resource Development	Sustainable Resource Development
Ministry of Tourism, Parks, and Recreation	Tourism, Parks, and Recreation
Ministry of Transportation[6]	Transportation
Ministry of the Treasury Board[6]	Treasury Board
N.A. Properties (1994) Ltd.	Finance and Enterprise
Natural Resources Conservation Board	Sustainable Resource Development

6 ministry includes only the departments so separate financial statements are not necessary.

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Persons with Developmental Disabilities Community Boards:	Seniors and Community Supports
Calgary Region Community Board	
Central Region Community Board	
Edmonton Region Community Board	
Northeast Region Community Board	
Northwest Region Community Board	
South Region Community Board	
Provincial Judges and Masters in Chambers Reserve Fund	Finance and Enterprise
Regional Health Authorities and Provincial Health Boards:	Health and Wellness
Alberta Cancer Board	
Alberta Mental Health Board	
Aspen Regional Health Authority	
Calgary Health Region	
Capital Health	
Chinook Regional Health Authority	
David Thompson Regional Health Authority	
East Central Health	
Health Quality Council of Alberta	
Northern Lights Health Region	
Peace Country Health	
Palliser Health Region	
Safety Codes Council	Municipal Affairs
School Boards and Charter Schools:	Education
Almadina School Society	
Aspen View Regional Division No. 19	
Aurora School Ltd.	
Battle River Regional Division No. 31	
Black Gold Regional Division No. 18	
Boyle Street Education Centre	
Buffalo Trail Public Schools Regional Division No. 28	

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Calgary Arts Academy Society	
Calgary Girls' School Society	
Calgary Roman Catholic Separate School District No. 1	
Calgary School District No. 19	
Calgary Science School Society	
Canadian Rockies Regional Division No. 12	
CAPE-Centre for Academic and Personal Excellence Institute	
Chinook's Edge School Division No. 73	
Christ the Redeemer Catholic Separate Regional Division No. 3	
Clearview School Division No. 71	
East Central Alberta Catholic Separate Schools Regional Division No. 16	
East Central Francophone Education Region No. 3	
Edmonton Catholic Separate School District No. 7	
Edmonton School District No. 7	
Elk Island Catholic Separate Regional Division No. 41	
Elk Island Public Schools Regional Division No. 14	
Evergreen Catholic Separate Regional Division No. 2	
FFCA Charter School Society	
Foothills School Division No. 38	
Fort McMurray Roman Catholic Separate School District No. 32	
Fort McMurray School District No. 2833	
Fort Vermilion School Division No. 52	
Golden Hills School Division No. 75	
Grande Prairie Public School District No. 2357	
Grande Prairie Roman Catholic Separate School District No. 28	
Grande Yellowhead Regional Division No. 35	

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Grasslands Regional Division No. 6	
Greater North Central Francophone Education Region No. 2	
Greater Southern Public Francophone Education Region No. 4	
Greater Southern Separate Catholic Francophone Education Region No. 4	
Greater St. Albert Catholic Regional Division No. 29	
High Prairie School Division No. 48	
Holy Family Catholic Regional Division No. 37	
Holy Spirit Roman Catholic Separate Regional Division No. 4	
Horizon School Division No. 67	
Lakeland Roman Catholic Separate School District No. 150	
Lethbridge School District No. 51	
Living Waters Catholic Regional Division No. 42	
Livingstone Range School Division No. 68	
Medicine Hat Catholic Separate Regional Division No. 20	
Medicine Hat School District No. 76	
Moberly Hall School Society	
Mother Earth's Children's Charter School Society	
New Horizons Charter School Society	
Northern Gateway Regional Division No. 10	
Northern Lights School Division No. 69	
Northland School Division No. 61	
Northwest Francophone Education Region No. 1	
Palliser Regional Division No. 26	
Parkland School Division No. 70	
Peace River School Division No. 10	
Peace Wapiti School Division No. 76	
Pembina Hills Regional Division No. 7	

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Prairie Land Regional Division No. 25	
Prairie Rose School Division No. 8	
Red Deer Catholic Regional Division No. 39	
Red Deer School District No. 104	
Rocky View School Division No. 41	
St. Albert Protestant Separate School District No. 6	
St. Paul Education Regional Division No. 1	
St. Thomas Aquinas Roman Catholic Separate Regional Division No. 38	
Sturgeon School Division No. 24	
Suzuki Charter School Society	
Westmount Charter School Society	
Westwind School Division No. 74	
Wetaskiwin Regional Division No. 11	
Wild Rose School Division No. 66	
Wolf Creek School Division No. 72	
Supplementary Retirement Plan Reserve Fund	Finance and Enterprise
Technical Institutes and The Banff Centre:	Advanced Education and Technology
Northern Alberta Institute of Technology	
Southern Alberta Institute of Technology	
The Banff Centre for Continuing Education	
Universities:	Advanced Education and Technology
Athabasca University	
The University of Alberta	
The University of Calgary	
The University of Lethbridge	
Victims of Crime Fund	Solicitor General and Public Security
The Wild Rose Foundation	Culture and Community Spirit

Entities Not Included in the Consolidated Government Reporting Entity

Fund or Agency	*Ministry Annual Report*
Alberta Foundation for Health Research	Advanced Education and Technology
Alberta Heritage Foundation for Medical Research	Advanced Education and Technology
Alberta Heritage Foundation for Science and Engineering Research	Advanced Education and Technology
Alberta Teachers' Retirement Fund Board	Education
Improvement Districts' Trust Account	Municipal Affairs
Local Authorities Pension Plan	Finance and Enterprise
Long-Term Disability Income Continuance Plan — Bargaining Unit	Treasury Board
Long-Term Disability Income Continuance Plan — Management, Opted Out and Excluded	Treasury Board
Management Employees Pension Plan	Finance and Enterprise
Provincial Judges and Masters in Chambers (Registered) Pension Plan	Finance and Enterprise
Public Service Management (Closed Membership) Pension Plan	Finance and Enterprise
Public Service Pension Plan	Finance and Enterprise
Special Areas Trust Account	Municipal Affairs
Special Forces Pension Plan	Finance and Enterprise
Supplementary Retirement Plan for Public Service Managers	Finance and Enterprise
Workers' Compensation Board	Employment and Immigration

Ministry Contacts

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